MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02767

2832 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7th Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural give location) 2020 Rockland Ave.

3. NAME OF DECEASED: (First) BABY (Middle) BOY (Last) ADAMS
4. DATE OF DEATH: (Month) (Day) (Year) MARCH 5th 1955

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: MARCH 5 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RUSSELL KEITH ADAMS
14. MOTHER'S MAIDEN NAME: NORMA JOAN PETIT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: FATHER (SAME AS ABOVE)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

IMMEDIATE CAUSE (A) Prematurity-5½ mos, 1130gms — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Premature detachment Placenta

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1955, to 3/5, 1955, that I last saw the deceased alive on 3/5, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE W. G. Hall M.D. ADDRESS Rockville Md DATE SIGNED 3/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 10 mar 55
NAME OF CEMETERY OR CREMATORY Suburban Hospital
LOCATION (City, town, or county) (State) Bethesda 14, Md.

DATE REC'D BY LOCAL REGISTRAR 3/19/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Amelia Meany Carter Supt. Suburban Hosp.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 02768

2803

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 12, FilmG179 4-5-55 et

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5802 Sonoma Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 5802 Sonoma Rd., X 1

3. NAME OF DECEASED (Type or Print): (First) FELIX (Middle) (Last) ALFINO

4. DATE OF DEATH: (Month) Mar. (Day) 26 (Year) 19 55

5. SEX: Male

5. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 27, 1888

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months 6 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Alfino

14. MOTHER'S MAIDEN NAME: Franca ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 031-07-1325

17. INFORMANT & ADDRESS: Anthony Alfino- Son 5115 Allen Terrace, N.W., Wash, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Carcinomatosis — 6 mos

DUE TO

(c) Adenocarcinoma of rectum — 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 2-1-54 Biopsy; 3-3-54 Resection

19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma of rectum with regional Metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1954, to 3-26, 1955, that I last saw the deceased alive on 3-26, 1955, and that death occurred at 11:25 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Saul M. Morgansen, M.D. — ADDRESS: 2729 Conn. Ave. NW. — DATE SIGNED: 3-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial- — DATE THEREOF: 3-30-55 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 3/27/55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Cumpston — ADDRESS: Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02769

2894

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney; LENGTH OF STAY (in this place) 2mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgumery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring; STREET ADDRESS (If rural give location) 1607 Noyes Drive 56 1

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Altemus-

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mar. 14-1883.

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: grocer- retired

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Strawn Altemus-

14. MOTHER'S MAIDEN NAME: Hannah E Iliss-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Mr. Richard Altemus- Ashton- Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE

(A) Congestive Heart failure acute — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) acute Myocardial Infarction — 4 yrs

DUE TO (C) X2 (Second most Senile) — 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1953 to Mar. 4, 1953 that I last saw the deceased alive on Mar. 4, 1953, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE John Baskey Zeigler M.D. ADDRESS Olney, Md DATE SIGNED Mar 4, 1953

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Mar 8; NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem; LOCATION (City, town, or county) (State) Pr Georges Co Md

DATE REC'D BY LOCAL REGISTRAR 3-4-53; REGISTRAR'S SIGNATURE Gertrude B Fowler; 24. FUNERAL DIRECTOR S. H. Hines Co.; ADDRESS 2901-14 ad. ave. S.E.

2778

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02770

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 Takoma Park Silver Spring — LENGTH OF STAY (In this place) 9 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mntg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural, give location) 6815 Eastern Ave. 1

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) (Last) Armstrong

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1955

5. SEX: f

6. COLOR OR RACE: W

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 20, 1903.

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Whistleman

14. MOTHER'S MAIDEN NAME: Effie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Gilbert Calkins - 6815 Eastern Ave Takoma Park.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Assk
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Fraud J. Boerhaave M.D. — Hagerstown Md — 3-11-55

BURIAL CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Mar. 14 1955 — West Augusta Cemetery — Churchville, VA.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 21. FUNERAL DIRECTOR — ADDRESS

Mar. 11-1955 — J. Wilson Dodd — Arthur L. Willis — 254 Carroll Ave Takoma Park 12, D.C.

02771

MARYLAND 2895

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Vienna — COUNTY Va.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 83x-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) ARNOLD

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct 14, 1862

9. AGE last birthday: 92 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Arnold

14. MOTHER'S MAIDEN NAME: Mary Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-12-3420

17. INFORMANT AND ADDRESS: Worth H. Arnold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1955, to Mar 26, 1955, that I last saw the deceased alive on Mar 25, 1955, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial | DATE 3/28/55 | NAME OF CEMETERY OR CREMATORY: Oakwood | LOCATION (City, town, or county) (State): Falls Church Va.

DATE REC'D BY LOCAL REG. 3/27/55 | REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Jos. F. Birch's Son | ADDRESS: 3034-M St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

2799

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12772

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 213

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville

LENGTH OF STAY (In this place): Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Md R-28 & N.S Area 240

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE VIRGINIA COUNTY FAIRFAX

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN FALLS CHURCH R3X-

STREET ADDRESS (If rural, give location) 727 South WASHINGTON St

3. NAME OF DECEASED: (Type or Print) (First) HOLMER (Middle) BIGGS (Last) ASHLEY

4. DATE OF DEATH (Month) MAR (Day) 27 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	DIVORCED	DEC. 9	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	ROAD CONSTRUCTION	LOUISIANA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WILLIAM C ASHLEY SR.	THEODORA FINLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES	WW II	459-12-1871	Lt. Wm C ASHLEY SR. QUANTICO, VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

910.5

Immediate cause (a) Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed head, neck & upper chest — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ..... (b) Sudden (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Rockville	(County) Mont'g	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-27-55 8:05 A.M.	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR? Beam of bridge fell on tractor crushing him in cab

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J Brockett M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 3-27-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/30/55	Arlington National	Arlington Va.

DATE REC'D BY LOCAL REG. 3/28/55	REGISTRAR'S SIGNATURE Laurell T. Hughes	24. FUNERAL DIRECTOR	ADDRESS
		Pearson Funeral Home	Falls Church Va

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2826

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1877-78) Rev. 7-53.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7204 Clarendon Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural, give location) 7204 Clarendon Road

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) AUGUST (Last) AUSLUND

4. DATE OF DEATH (Month) March (Day) 6th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug 29, 1895

9. AGE last birthday: 59 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electrial Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland - Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Frederick Auslund

14. MOTHER'S MAIDEN NAME: Anna Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Susie B. Auslund, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... DUE TO Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days / 2 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Frank G Brashear M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Mar 6, 195

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Mar 9, 1955

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/7/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

M. FUNERAL DIRECTOR Lewis A. Humphrey

ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02774

2897

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural
LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 30th Street, S.E. ✓

3. NAME OF DECEASED: (First) Roscoe (Middle) "E" (Last) BABER
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-12-78
9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Govt Printing
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Andrew BABER
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: wife Mrs. Brycie B. BABER, Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
33 X
IMMEDIATE CAUSE (A) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerosis
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. pneumonia — 4 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Mar, 1955, to 16 Mar, 19 55 that I last saw the deceased alive on 16 Mar, 1955, and that death occurred at 9:22 AM, from the causes and on the date stated above.

SIGNATURE: C. S. STROUD CDR MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 21 Mar 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 17 Mar 1955
REGISTRAR'S SIGNATURE: Benj C. Farrelly
24. FUNERAL DIRECTOR: S. H. HINES Funeral Home
ADDRESS: 2901 14th Street, N.W. Washington, D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2898

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 02775

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural, give location) 701 4th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Shaw (Last) Bailey

4. DATE OF DEATH (Month) Mar. (Day) 22 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-25-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Okiver Shaw

14. MOTHER'S MAIDEN NAME: Lottie Sisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nursing Home records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 422.1 DUE TO Coronary occlusion — Interval Between Onset and Death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3-25-55 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 3-23-55 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300 4th St NE D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02776

2899

CERTIFICATE OF DEATH

Reg. Dist. No. 516

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda RURAL
LENGTH OF STAY (in this place) 12 hrs-40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 5320-42nd St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) D (Last) Baker
4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-14-80
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas Turner
14. MOTHER'S MAIDEN NAME: Elvira Jane Talloda
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes
17. INFORMANT & ADDRESS: Mrs. H. L. Schellhase 5326 42nd St. N.W. Wash D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X IMMEDIATE CAUSE (A) Congestive Heart Failure

ANTECEDENT CAUSE (B) DUE TO Bronchial Asthma — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1948, to 3/22, 1955, that I last saw the deceased alive on 3/22, 1955, and that death occurred at 10 50 P M, from the causes and on the date stated above.

SIGNATURE O. L. Marks M. D. ADDRESS 6306 Wisconsin Ave DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-26-55
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) (State) Martinsburg, W.Va.

DATE REC'D BY LOCAL REGISTRAR 3/23/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert C. Pumphrey ADDRESS Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02777

2810 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47 X 3
STREET ADDRESS (If rural give location) 2725 Terrace Road, S.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Herbert (Last) BAKER

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-1-06

9. AGE last birthday: 48 yrs IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William BAKER

14. MOTHER'S MAIDEN NAME: Della REED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE AND ADDRESS: Wife Mrs. Helen M. BAKER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 IMMEDIATE CAUSE (A) Hepatic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSE (B) DUE TO Cirrhosis, Liver. Laennecs — 12 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Splenomegaly due to portal hypertension

19A. DATE OF OPERATION: 1/3/55

19B. MAJOR FINDINGS OF OPERATION: Cirrhosis liver., Portal hypertension, Splenomegaly

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Mar, 19 55 to 15 Mar, 19 55 that I last saw the deceased alive on 15 Mar, 19 55, and that death occurred at 4:55 A M, from the causes and on the date stated above.

SIGNATURE W. RUSSELL CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit — DATE THEREOF: 3-1-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Knoxville, Tenn.

DATE REC'D BY LOCAL REGISTRAR: 17 March 1955 — REGISTRAR'S SIGNATURE: Mary L. Farrelly

R. H. PUMPHREY FUNERAL DIRECTOR — ADDRESS: Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

2779

Items 8, 13, 14: film G160 42,355

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02778 323

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
   COUNTY: Montgomery — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 17 TOWN Takoma Park, Maryland
   LENGTH OF STAY (in this place): 8 mos.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 207 Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. — COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
   STREET ADDRESS (If rural give location): 207 Hudson Avenue

3. NAME OF DECEASED (Type or Print): (First) MINA (Middle) SMITH (Last) BAMFORD

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 24, 1874

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Springfield, Ill.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown/ Smith

14. MOTHER'S MAIDEN NAME: Smith/ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 4

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Warren H. Bamford - son
Davidsonville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.

IMMEDIATE CAUSE (A) DUE TO: Terminal Bronchopneumonia — 2 days

ANTECEDENT CAUSE (B) DUE TO: Arteriosclerotic and Hyper-

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C): Tensive Heart disease — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to March 26, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 7:15 A.M. from the causes and on the date stated above.

SIGNATURE Horace F. Curtis Jr. M.D. ADDRESS Mark 216 DATE SIGNED 3/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 3/28/55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar 27-1955 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: Joseph Gawler's Sons — ADDRESS: 1756 Penna Ave. Washington, D.C.

3/26/55

Coroner notified &
will approve.
Horace A. Austin M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0277)

2811 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Massachusetts COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Attleboro
STREET ADDRESS (If rural give location) 179 County St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Charles (Last) Barber
4. DATE OF DEATH (Month) March (Day) 3, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: January 15, 1922
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months 1 Days 18 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipper
10B. KIND OF BUSINESS OR INDUSTRY: Shipping
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Walter Barber
14. MOTHER'S MAIDEN NAME: Minnie Kingle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service) 2
16. SOCIAL SECURITY NO. 019-14-4978
17. INFORMANT & ADDRESS: The medical record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.1 IMMEDIATE CAUSE
(A) acute Heart Failure at time of ligation of ductus arteriosus due to
ANTECEDENT CAUSE (B): patent ductus arteriosus surgically divided + ligated due to
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/3/55
19B. MAJOR FINDINGS OF OPERATION: Patent ductus arteriosus
20. AUTOPSY? YES [X] NO [ ]
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) —— M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1955, to Mar 3, 1955, that I last saw the deceased alive on Mar 3, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above.
SIGNATURE Kenneth R Maas M.D. ADDRESS N/H Bethesda Md DATE SIGNED 3/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit
DATE THEREOF 3/4/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Attleboro Massachusetts

DATE REC'D BY LOCAL REGISTRAR 3/3/55
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(12780)

2812

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 6700 Hillandale Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Barker

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 2, 1889
9. AGE last birthday 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Translater
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Newton Barker
14. MOTHER'S MAIDEN NAME: Molly Hitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Zaida M. Barker-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Ventricular Fibrillation	15 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Myocardial infarction, Acute DUE TO	Few hours
	(C) Arteriosclerosis, Coronary, Chronic Subacute	2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-55, 19, to 3-27-55, 19, that I last saw the deceased alive on 3-27-55, 19, and that death occurred at 7:30 AM, from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS [redacted] DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 3-31-55
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/29/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert H. Pumphrey
ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02782

1 2813 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 2½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7M Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 7 Normandy Drive

3. NAME OF DECEASED: (First) Harold (Middle) Rivens (Last) Beckley
4. DATE OF DEATH: (Month) Mar. (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 21, 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.
10B. KIND OF BUSINESS OR INDUSTRY: Senate Press
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John R. Beckley
14. MOTHER'S MAIDEN NAME: Annie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Nellie Beckley 7 Normandy Drive, Silver Spring Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 416X (A) Congestive Cardiac Failure — 8 da.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rheumatic heart disease — 40 yrs.

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia — 10 da.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1955, to Mar. 29, 1955, that I last saw the deceased alive on Mar. 29, 1955, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE Julia H. Tanner, M.D. ADDRESS [illegible] DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4/1/55 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln — LOCATION (City, town, or county) (State) Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 3/31/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W W Chambers — ADDRESS 1900 Capitol St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2814

CERTIFICATE OF DEATH

02781 214

Reg. Dist. No.

Item 7, Film G179 4-1-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: LE DEAU GARDENS REST HOME
   COUNTY MONTGOMERY MARYLAND
   CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN FORREST GLENN. LENGTH OF STAY (in this place) 4 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 LE DEAU GARDENS

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MARYLAND COUNTY MONTGOMERY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WATTSVILLE
   STREET ADDRESS (If rural give location) 5705 30th AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A. (Last) BERGEVIN.

4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: JAN 30 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN CODY

14. MOTHER'S MAIDEN NAME: ANNE DUFFY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

(If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HEMORRHAGE, GASTRO-INTESTINAL — Interval Between Onset And Death: MONTHS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) CIRCUMFLEX OF STOMACH — 14 MONTHS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 1) HYPERTENSIVE HT DISEASE 2) UREMIA 3) CEREBRAL THROMBOSIS 4 YEARS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: WITH HEMIPLEGIA

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN ..., 19 42, to MARCH 26, 1955, that I last saw the deceased alive on 3/26, 1955, and that death occurred at 9:35 AM; from the causes and on the date stated above.

SIGNATURE (Degree or title) Jas. F. Coppoc M.D. ADDRESS 4316-14th St NW WASH D.C. DATE SIGNED 3/26/55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-29-55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. | LOCATION (City, town, or county) Prince Geo (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-28-55 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S. H. Hines Co 2901 14th St N.W. ADDRESS D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02783

2780

Item 6, File 6179 3-31-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San & hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 742 Silver Spring Ave. SS. Md.

3. NAME OF DECEASED: (Type or Print) (First) Glenn (Middle) Cowles (Last) Blackmer

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White Amer.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 10-28-81

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Govt Emp.

10B. KIND OF BUSINESS OR INDUSTRY: Retired Govt. Emp. Civil Service

11. BIRTHPLACE (State or foreign country): Mich.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Edward Blackmer

14. MOTHER'S MAIDEN NAME: Cora Belle Cowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/(No) or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Washington San & hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Coronary sclerosis — 3 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1955, to 3/22, 1955, that I last saw the deceased alive on 3/22, 1955, and that death occurred at 8:10 P M, from the causes and on the date stated above.

SIGNATURE Daniel B Warlington M. D. ADDRESS 6234 Eastern Ave Wash DC DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF March 26, 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cremetory — LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 16-1955 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR — ADDRESS Warner C. Pumphrey, Silver Spring, Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 02784

2815 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural - Rockville
LENGTH OF STAY (in this place) 13yrs-2mo.-
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-U.S. Rt. 240-
4 miles
2 days
STREET ADDRESS (If rural give location) Rockville
1290-Rt 240-east side

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) — (Last) Bomberger

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr. 10-1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 10 Days 21 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): R.N. nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Manheim, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elias Bomberger

14. MOTHER'S MAIDEN NAME: Elizabeth Hauecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Bessie Medford 1010 Orall Pl. N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) myocardial insufficiency

DUE TO (b) gradual breaking down of the cervical glands. Biopsy not permitted. Aspirated pus was not diagnostic. may be malignancy.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) ~~Forfid autopsy~~

Interval Between Onset And Death: 4 days ... over a period of 10 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe malnutrition, due to refusal to eat.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1955, to Mch. 1—, 1955, that I last saw the deceased alive on Mch. 1—, 1955, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wheeler O. Huff M.D. 4529-Maple Ave. Bethesda, Md. 3-1-55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/5/1955

NAME OF CEMETERY OR CREMATORY Manheim

LOCATION (City, town, or county) (State) Lancaster Co Penna.

DATE REC'D BY LOCAL REGISTRAR 3/3/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 18

02785

2816

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1 PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville, R.F.D. — LENGTH OF STAY (in this place): X

HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville, Md. — X

STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GEORGE	A.	BOYER	Mar. 5, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Month / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Oct. 15, 1864	90 yrs.	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tool Maker		Reading, Pa.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George F. Boyer	Mary High

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	none	Fred. H. Miller, Rockville 13, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Coronary Arteriosclerosis — DUE TO

(c)

Interval Between Onset And Death: (a) 1/2 hour; (b) many years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1954, to March 5, 1955 that I last saw the deceased alive on March 5, 1955, and that death occurred at 7:00 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: Rockville, Md. — DATE SIGNED: 3/5/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/9/1955	Charles Evans	Reading, Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-8-55	Lamell H. Bagley	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02786

2781 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits write RURAL) OR TOWN Takoma Park
MARYLAND LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7515 Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. 4½ -
STREET ADDRESS (If rural give location) 219 upshur st N.W.

3. NAME OF DECEASED: (Type or Print) (First) Issac (Middle) none (Last) Brooks

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Jewish | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Jan 30. | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Abraham Brooks

14. MOTHER'S MAIDEN NAME: Esther Nissenholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: David Brooks - Son 219 upshur ST. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
540.0 IMMEDIATE CAUSE	(A) Acute Congestive Cardiac Failure	20 minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Gastro Intestinal Hemorrhage	6 hours
	DUE TO (C) Peptic ulcer	Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Old myocardial infarction — 3 years

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to March 20, 1955, that I last saw the deceased alive on March 20, 1955, and that death occurred at 7:05 P.M. from the causes and on the date stated above.

SIGNATURE Leo J. Schildhaus M. D. ADDRESS 610 New Hampshire Ave Washington 11, DC DATE SIGNED 3/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-20-55 | NAME OF CEMETERY OR CREMATORY Ebasaneta Israel Cemt | LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REGISTRAR Mar 20 1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Wash D.C. ADDRESS B Ramsay Hyde Son 3501-14 St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12787

2817

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 72 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Roanoke
STREET ADDRESS (If rural give location) 2323 Maiden Lane

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Shirley (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 25, 1916

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Andrews

14. MOTHER'S MAIDEN NAME: Annie Raubush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. Not available

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

90X IMMEDIATE CAUSE (A) Metastatic Malignant Melanoma

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-18-55 ?

19B. MAJOR FINDINGS OF OPERATION: Metastatic Malignant Melanoma

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Jan. 8, 1955, to Mar. 21, 1955, that I last saw the deceased alive on Mar. 21, 1955, and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE AND M. D. William C. Mohler (MD) ADDRESS The Clinical Center Natl. Inst. of Health DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 3-22-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 3/23/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson for Robert A. Humphrey | FUNERAL DIRECTOR | ADDRESS Bethesda, Md.

2818

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02788 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

Item 18 Fill Out Only If Autopsy

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5027 Bradley Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural, give location) 5027 Bradley Boulevard

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Ella (Last) BROWN

4. DATE OF DEATH (Month) March (Day) 16 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Jelleff's Dept. Store

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard L. Massey

14. MOTHER'S MAIDEN NAME: Mary Agee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral edema

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fatty degeneration of liver

DUE TO

(c) (Lab. report) Acute alcoholism – spinal fluid contained ethal alcohol

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Fred J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/19/1955

NAME OF CEMETERY OR CREMATORY Wash. Nat. Cemetery

LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 3/19/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey

ADDRESS Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02789

2819

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 3018 Massachusett Avenue, S.E.

3. NAME OF DECEASED: (First) Adolph (Middle) (n) (Last) BUDD-JACK
4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-17-06
9. AGE last birthday: 48 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist
10B. KIND OF BUSINESS OR INDUSTRY: Artist
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Steven BUDD-JACK
14. MOTHER'S MAIDEN NAME: Anna STEPDOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Velva BUDD-JACK Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) myocardial infarction — 4 weeks

DUE TO (C) arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Feb, 1955, to 21 Mar, 1955 that I last saw the deceased alive on 21 Mar, 1955, and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE C. S. STROUD CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 23 Mar 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 21 Mar 1955
REGISTRAR'S SIGNATURE: Mary E. Gamble
24. FUNERAL DIRECTOR: Chambers Funeral Home
ADDRESS: 517 11th Street, S.E. Washington, D.C.

2782

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12790

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1708 Gilbert Pl. Apt. E

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Virginia (Last) Buffin

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 9-29-00

9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Telephone Operator (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Hilton

14. MOTHER'S MAIDEN NAME: Magdalene Virginia Gingell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 215-16-6988

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

916.0
Immediate cause (a) Shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 2nd & 3rd degree burns involving trunk, upper — DUE TO infection, neck & face (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ..... (b) Days (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 5

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY home

21c. (City or town) Silver Spring (County) Monty (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-25-55-7:15 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Burned - Clothing caught fire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Bowstead M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3 3 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/4/55

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Mar 5 1955

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 18 02791

2820

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS or 4616 Chevy Chase Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 4616 Chevy Chase Blvd. /

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) B. (Last) BUSBY

4. DATE OF DEATH: (Month) (Day) (Year) March 23, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 12, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 8 Days 11 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George C. Cohen

14. MOTHER'S MAIDEN NAME: Katie Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes

17. INFORMANT & ADDRESS: Oliver F. Brown- Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 155X (a) Carcoma of gallbladder DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c) Diabetes

Interval Between Onset And Death: 6 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/28/55

19b. MAJOR FINDINGS OF OPERATION: Carcoma of gallbladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to March 24, 1955, that I last saw the deceased alive on March 24, 1955, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Simon Kovich

ADDRESS 6450 Wisconsin Ave, Bethesda, Md

DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-26-55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/27/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert H. Humphrey

ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02792

2821 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47 L-2
STREET ADDRESS (If rural give location) 5415 Conn. Ave., N.W. √

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) CAMP

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 3-25-92 | 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Clerk retired
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William CAMP
14. MOTHER'S MAIDEN NAME: Marie A. MC ANIFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Brother Mr. Edward A. CAMP Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 442X	(A) Cardiac failure	Unknown
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertensive Cardiovascular Renal Disease	Unknown
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 March 1955, to 11 March 1955, that I last saw the deceased alive on 11 March 1955, and that death occurred at 2:00 PM, from the causes and on the date stated above.
SIGNATURE G. L. Lewis ADDRESS G. L. LEWIS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 15 March 1955 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12 March 1955 | REGISTRAR'S SIGNATURE Mary E. Farrelly | 24. FUNERAL DIRECTOR ADDRESS Collins Funeral Home 3821 14th Street, N.W. Washington, D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03774

2822 CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH.
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Olney - — LENGTH OF STAY (in this place): 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Sharon Nursing Chronic Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — 56 / 1
STREET ADDRESS (If rural give location): 12511 Ga. Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Sarah	Thomas	Carroll	March	30	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	Oct. 24, 1876	78		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife.	Own home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Connelly	Annie F. King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	Mrs. Charles R. Smith - Daughter - 12511 Ga. Ave - Silver Spr. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) C.V.A. with intracerebral hemorrhage.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive arteriosclerotic heart disease
DUE TO

(c)

Interval Between Onset And Death: (a) — (b) 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Mar. 30, 1955, that I last saw the deceased alive on 3-30, 1955, and that death occurred at 5:00 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lillian K. Zirkler	M.D.	Olney	March 30 - 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/55	Rockville Union Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
apr 6 - 55	Gertrude B Fowler	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02793

2823 CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 1103 Wayne Ave Silver Spring
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 1103 Wayne Ave 1

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Franklin (Last) Chiswell

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: March 21-1871 | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: Bldg. Supply Co | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward Chiswell | 14. MOTHER'S MAIDEN NAME: Evalina W. Allnutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-20-1701 | 17. INFORMANT & ADDRESS: Mrs Eloise Chiswell - 1103 Wayne Ave Silver Spring

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Generalized Arteriosclerosis — Years
(200X)
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 3 years

19A. DATE OF OPERATION: C | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to March 7, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 5-15 A M, from the causes and on the date stated above.
SIGNATURE Sydney Leventhal, M. D. ADDRESS Silver Spring, Md. DATE SIGNED March 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/9/54 | NAME OF CEMETERY OR CREMATORY Monocacy | LOCATION (City, town, or county) (State) Beallsville Md

DATE REC'D BY LOCAL REGISTRAR 3/8/55 | REGISTRAR'S SIGNATURE Charles W. Elgin Asst. Dep. | 24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2824

CERTIFICATE OF DEATH

Reg. Dist. No. 02794 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C. 4.7 X
STREET ADDRESS (If rural give location): Conn. Ave & Woodly Road, N.W.

3. NAME OF DECEASED (Type or Print): (First) Yu (Middle) Huan (Last) CHOU

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Chinese

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-3-11

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chinese Marine

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): China

12. CITIZEN OF WHAT COUNTRY? China

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Wife Mrs. Chien Liang Sou CHOU, Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X

IMMEDIATE CAUSE (A) Carcinoma, liver (primary) — INTERVAL BETWEEN ONSET AND DEATH: 8 Months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis liver — unknown

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Dec, 1954, to 1 Mar, 1955, that I last saw the deceased alive on 1 Mar, 1955, and that death occurred at 3:40A M, from the causes and on the date stated above.

SIGNATURE: B. L. CANAGA CDR MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 2 Mar 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Formosa

DATE REC'D BY LOCAL REGISTRAR: 2 March 1955 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey Funeral Home, 7551 Wisconsin Avenue, Bethesda, Md.

02795

MARYLAND 2783

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223 -

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eventide Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville, Md. 16X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) (Last) Coffin

4. DATE OF DEATH: (Month) March (Day) 1st (Year) 1955

5. SEX: f

6. COLOR OR RACE: w

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov 29, 1864

9. AGE last birthday: 90 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Ellery Coffin

14. MOTHER'S MAIDEN NAME: Catherine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Geo B. Gifford Jr Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterio-sclerosis

(c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 51, to Feb., 19 55, that I last saw the deceased alive on Feb. 27, 19 55, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

4713 Berwyn Rd., College Park, Md. — 3/2/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/3/55 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Beltsville, Md.

DATE RECD BY LOCAL REGISTRAR: 3/2/55 — REGISTRAR'S SIGNATURE: Amanda Downey — 3/3/55 J. Nathan Dodd, Reg.

24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons Hyattsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2825 **CERTIFICATE OF DEATH** Reg. Dist. No. 02796 2/4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Mont-Gomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Kensington MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Mont Gomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Kensington MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) L (Last) COLVIN

4. DATE OF DEATH: (Month) MARCH (Day) 12 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: SEPT 29 1889
9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Holman
14. MOTHER'S MAIDEN NAME: Maria Bible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Charles Colvin Kensington Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9 IMMEDIATE CAUSE (A) DUE TO Carcinomatosis is Denied — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis Denied — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Dec 13 54
19B. MAJOR FINDINGS OF OPERATION: Carcinomatosis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18/54 19 . , to 3/12/55, 19 . . , that I last saw the deceased alive on 3/12/55, 19 . . , and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE Samuel Allen M. D. ADDRESS Kensington MD DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar 14/55
NAME OF CEMETERY OR CREMATORY: Union Hill Rockland
LOCATION (City, town, or county) (State): 1119

DATE REC'D BY LOCAL REGISTRAR: 3-14-55
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Ruth W. Pond Kensington
ADDRESS: 1109

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02797

2826 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Worth Box - 5
STREET ADDRESS (If rural give location) 5809 So. Hampshire Blvd. ✓

3. NAME OF DECEASED: (First) Robert (Middle) David (Last) Cowan
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Sept. 29, 1946
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Cowan
14. MOTHER'S MAIDEN NAME: Rose Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4 IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Thrombosis of ductus arteriosus and right pulmonary artery

(B) DUE TO Congenital heart disease: 1) atresia of pulmonary valve; 2) patent ductus arteriosus; 3) cor triloculare

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State): --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: --
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Feb. 11 1955, to Mar. 7, 1955, that I last saw the deceased alive on Mar. 7, 1955, and that death occurred at 9:35 AM, from the causes and on the date stated above.

SIGNATURE Harold Kay (MD) M.D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Transit
DATE THEREOF: 3-8-55
NAME OF CEMETERY OR CREMATORY: Fort Worth
LOCATION (City, town, or county) (State): Fort Worth, Texas

DATE REC'D BY LOCAL REGISTRAR: 3/8/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Green Funeral Home
ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02798

2827

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Maryland Mont. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural; LENGTH OF STAY (in this place) 8hrs 41 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria; STREET ADDRESS (If rural give location) 429 South Lee Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Laurence de Berniere (Last) CROMMELIN

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-4-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 8 Min. 41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Quentin C. CROMMELIN

14. MOTHER'S MAIDEN NAME: Priscilla SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT'S NAME AND ADDRESS: Father Mr. Quentin C. CROMMELIN SAME AS ABOVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 770.0 (A) Erythroblastosis fetalis DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Blood loss - placenta previa — Site

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Mar, 1955 to 4 Mar, 1955 that I last saw the deceased alive on 4 Mar, 1955, and that death occurred at 2:55P M, from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED: D. J. PASCOE LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit

DATE THEREOF: 3-4-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Montgomery Alabama

DATE REC'D BY LOCAL REGISTRAR: 4 March 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02799

2828

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 8, Film C180 4-19-54 et

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RESMOR SANITARIUM 5721 Grosvenor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY 47X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3258 - N - St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E (Last) CUNNINGHAM

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: (Month) Nov. (Day) 1 (Year) 1858 | 9. AGE last birthday 96 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William A. Cunningham
14. MOTHER'S MAIDEN NAME: Jessie Lipscomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lavinia Crupton 3258 N St. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) CEREBRAL ARTERIOSCLEROSIS
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALIZED ARTERIOSCLEROSIS
904.0 DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. FRACTURE LEFT HIP

19A. DATE OF OPERATION: 3/8/55
19B. MAJOR FINDINGS OF OPERATION: FRACTURE LEFT HIP
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) HOME
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) 3 (Day) 6 (Year) 55 (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? SLIPPED & FELL

22. I hereby certify that I attended the deceased from 3/26, 1955, to 3/27, 1955, that I last saw the deceased alive on 3/27, 1955, and that death occurred at 6:01 P. M, from the causes and on the date stated above.
SIGNATURE AND M. D. Morton B. Bredhoff ADDRESS WASHINGTON D. C. DATE SIGNED 3/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/29/55
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) (State) Mount [illegible]

DATE REC'D BY LOCAL REGISTRAR 3/29/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Joseph Sasscer Sons
ADDRESS [illegible]

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Medical Examiner called by telephone by attending physician and removal approved

Herbert Brown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02800

2829

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (In this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1112 Meurlee Lane

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Gobel (Last) DeGooyer Sr.

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 11, 1911

9. AGE last birthday: 43 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Budget Management

10B. KIND OF BUSINESS OR INDUSTRY: Federal

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius DeGooyer

14. MOTHER'S MAIDEN NAME: Johanna Gobel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW#2

16. SOCIAL SECURITY NO: Not available

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 053.0 (A) Increased intracranial pressure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Multiple brain abscesses

DUE TO (C) streptococcal bacteremia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Previous pulmonary infrction

19A. DATE OF OPERATION: 3 / 22 / 1955

19B. MAJOR FINDINGS OF OPERATION: Pressure: right parietal abscess

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 16, 1955 to Mar. 25, 1955 that I last saw the deceased alive on Mar. 25, 1955, and that death occurred at 2:12P M, from the causes and on the date stated above.

SIGNATURE for B.R. Baldwin M.D. ADDRESS The Clinical Center Nat'l Institutes of Health DATE SIGNED Mar 25,1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/29/55

NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 3/29/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02801

2830

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 29 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kansas and Penn. Ave. X
STREET ADDRESS (If rural give location) Linden, Md.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Henry (Last) DeScotch

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-1-09
9. AGE last birthday: 46 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Silver Spring, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Simeon DeScotch
14. MOTHER'S MAIDEN NAME: Mildred Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Charlotte Cahill 2308 Michigan Ave SS, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X
IMMEDIATE CAUSE (A) Bilateral Bronchopneumonia. — Unknown
ANTECEDENT CAUSE (S) DUE TO (B) Congestive Heart Failure. — "
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Undetermined. — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition. — "

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-, 1955, to 3-16., 1955., that I last saw the deceased alive on 3-15, 1955 and that death occurred at 1:15 P.M. from the causes and on the date stated above.
SIGNATURE George A. Dreaver Jr. M.D. ADDRESS 104 New Hampshire Ave. DATE SIGNED 3/16/55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 19 55
NAME OF CEMETERY OR CREMATORY Linden
LOCATION (City, town, or county) Linden, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3/21/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02802

2831 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 15hrs 7 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 1401 18th Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Roger (Middle) Lee (Last) DOMAN

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 29 March 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min. 7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Lee DOMAN
14. MOTHER'S MAIDEN NAME: Marjorie W. WAGONER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service) — —
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Father Mr. Robert Lee DOMAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 IMMEDIATE CAUSE (A) Hemorrhage - Ventricle, brain, left — INTERVAL BETWEEN ONSET AND DEATH 15hr. 7min

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Anoxia - intra and extracreine — unknown

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Mar., 1955, to 29 Mar., 1955 that I last saw the deceased alive on 29 Mar 1955, and that death occurred at 1035 P.M., from the causes and on the date stated above.

SIGNATURE M. S. Allen — ADDRESS — DATE SIGNED

M. S. ALLEN LT MC USN U. S. Naval Hospital Lab NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 5-7-55
NAME OF CEMETERY OR CREMATORY: Janesville
LOCATION (City, town, or county) (State): Janesville, N. Y.

DATE REC'D BY LOCAL REGISTRAR: 1 April 1955
REGISTRAR'S SIGNATURE: Mary E. Connelly
24. FUNERAL DIRECTOR AND ADDRESS: E. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02803

2832

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY: Montgomery — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Philomenas Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: New Jersey — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Madison
   STREET ADDRESS (If rural give location): 67 K-3

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) J. (Last) Dunlavey

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 19, 1881

9. AGE last birthday: 73 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10B. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Madison, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Dunlavey

14. MOTHER'S MAIDEN NAME: Mary Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. John J. Dunlavey, 106 East Hamilton St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Thrombosis, Coronary	4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Arteriosclerosis	5 yrs
	DUE TO (C) Hypertension	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1955, to 3/18, 1955, that I last saw the deceased alive on 3/16, 1955, and that death occurred at 9:0 P M, from the causes and on the date stated above.

SIGNATURE AND M. D.: A W Smith — ADDRESS: 4601 16th St NW Wash. D.C. — DATE SIGNED: 3/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Trans. & Burial — DATE THEREOF: 3/19/55 — NAME OF CEMETERY OR CREMATORY: St. Vincent's Cemetery — LOCATION (City, town, or county) (State): Madison, New Jersey

DATE REC'D BY LOCAL REGISTRAR: 3/21/55 — REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR: Clarence L. Humphreys — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

2833

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02804

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Ch. Ch. Md.
LENGTH OF STAY (in this place): 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 16 w. Lenox St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 16 W. Lenox St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ann	English	March	7	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Fem.	White	Single	12-26-54	yrs.	2	11		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Washington, D.C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John J. English	Beatrice Talley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		John J. English Item#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Asphyxia due to Vomitus — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Rt. Respiratory Infection — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: Some minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE: Frank J. Broccoli M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 3-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/7/1955		Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/8/55	Bessie M. Thompson	Jos. Gawler's Sons	Wash. D.C.

9VV4 · 791V

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02805

2784 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION: Walter Reed Gen. Hosp.
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 615 Quintana Pl. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) George (Last) Fickus.
4. DATE OF DEATH (Month) Mar. (Day) 3 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH Nov 26 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tract Foreman
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Center
11. BIRTHPLACE (State or foreign country): Scranton Penn
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Fickus.
14. MOTHER'S MAIDEN NAME: Charlotte Hartman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-09-7258
17. INFORMANT & ADDRESS: Mrs A. - Fickus - Wife.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Adenocarcinoma of Stomach.

ANTECEDENT CAUSE (B) DUE TO with Metastasis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Bleeding from area.

INTERVAL BETWEEN ONSET AND DEATH: Int Hx of stomach difficulty 1951

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION 12/26/55
19B. MAJOR FINDINGS OF OPERATION Tumor Mass Stomach. Fluid in Abd Cavity. Gen Carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1955, to 3/3/, 1955, that I last saw the deceased alive on 3/3/, 1955, and that death occurred at 1035 P M, from the causes and on the date stated above.

SIGNATURE Howard T. Morse. M.D.
ADDRESS 7030 Carroll Ave Takoma Park Md
DATE SIGNED 3/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Trans-Burial
DATE THEREOF 3/5/55
NAME OF CEMETERY OR CREMATORY: Dunmore Cem.
LOCATION (City, town, or county) (State): Scranton, Penna.

DATE REC'D BY LOCAL REGISTRAR: Mar 4 1955
REGISTRAR'S SIGNATURE: F. Wilson Dodd
24. FUNERAL DIRECTOR: The S.H. Hines Co
ADDRESS: 2401 - 14th St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2785

Reg. Dist. No. 02806 23-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 30 ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Sligo Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park
STREET ADDRESS (If rural give location): 7 Sligo Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Fields

4. DATE OF DEATH: (Month) Mar. (Day) 12 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: IF UNDER 1 YEAR (Months, Days) IF UNDER 24 HRS (Hours, Min.): 96 ? yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired - City Employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U..S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Takome Park, Md. Mrs. Josephine Dawes-7 Sligo Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis — DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 19 54 to Mar. 12, 19 55, that I last saw the deceased alive on Mar. 10, 19 55, and that death occurred at 7:. a.m., from the causes and on the date stated above.

SIGNATURE: J. Bhattacharjee — (Degree or title) M.D. — ADDRESS: 6911 5th st. N.W. Wash. 12 DC — DATE SIGNED: Mar. 12, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 16, 1955 — NAME OF CEMETERY OR CREMATORY: -- — LOCATION (City, town, or county): Culpepper Co. — (State): Va.

DATE REC'D BY LOCAL REGISTRAR: 3/12/55 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR — ADDRESS: W. Ernest Jarvis, 1132 U St. N.W. Wash. D.C.

W. Ernest Jarvis Co.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02807

2834 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Dameron)
STREET ADDRESS No. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rhonda (Middle) Sue (Last) FLEMMING

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-12-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Patuxent River, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Theodore M. FLEMMING

14. MOTHER'S MAIDEN NAME: Harue NISHIOKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT: Father Mr. Theodore M. FLEMMING Dameron, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 IMMEDIATE CAUSE (A) Edema, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity 2lbs 4oz. — 1 Day

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 March, 19 55 to 13 March, 19 55 that I last saw the deceased alive on 13 March, 19 55, and that death occurred at 10:47 A.M., from the causes and on the date stated above.

SIGNATURE W. S. Mathews, M.D. ADDRESS DATE SIGNED

W. S. MATHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 15 Mar 1955

NAME OF CEMETERY OR CREMATORY St. Andrews Cemetery

LOCATION (City, town, or county) (State) Leonardstown, Maryland

DATE REC'D BY LOCAL REGISTRAR 14 Mar 1955

REGISTRAR'S SIGNATURE Mary E. Farnell

24. FUNERAL DIRECTOR ADDRESS W. C. Mattingly & Sons Funeral Home Leonardstown, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U.S. A15—10-53

20552633

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02808

2835

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 7 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1424 N Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Arthur John (Middle) (Last) FREDERICK

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 7-1-75

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sculpture

10B. KIND OF BUSINESS OR INDUSTRY: Architertural Sculpture

11. BIRTHPLACE (State or foreign country): Massachusett

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Dora Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Son Mr. Louis P. FREDERICK Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
54.1.0 IMMEDIATE CAUSE	(A) Gastrointestinal hemorrhage	2 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Duodenal Ulcer DUE TO	3 years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	aspirational pneumonia	1 day

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Mar., 1955, to 20 Mar., 19 55 that I last saw the deceased alive on 20 Mar 1955 and that death occurred at 5:20PM, from the causes and on the date stated above.

SIGNATURE S. R. Mills ADDRESS S. R. MILLS JR LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	23 Mar 1955	Cedar Hill Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 Mar 1955	Mary E. Tarnelly	Lee Funeral Home	4th & Massachusett Ave., Washington, D.C.

02809

2836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8004 Piney Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 8004 Piney Branch Road

3. NAME OF DECEASED (Type or Print): (First) Santina (Middle) (Last) Freschi

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/10/72

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Milan, Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luigi

14. MOTHER'S MAIDEN NAME: Maria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Michael Rinaldi, 8004 Piney Branch Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
446X Immediate cause	(a)	Uremia	Approx 3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Nephrosclerosis	Approx 10 yrs
	(c)	Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1952, to March 31, 1955, that I last saw the deceased alive on March 31, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph H. Patten M.D. — ADDRESS: 8641 Colesville Rd. Silver Spring, Md. — DATE SIGNED: March 31 '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/2/55 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 3/31/55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02810

2837

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Potomac - Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. # 1, Rockville,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Potomac- Rural
STREET ADDRESS (If rural give location): Rt. # 1, Rockville, Md.

3. NAME OF DECEASED. (Type or Print): (First) HENRIETTE (Middle) OSTERITTES (Last) GALLOWAY

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	12-16-1860	94 yrs.	2	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Germany	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
? Osteritter	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	None	R.B.Galloway- Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: 332X	(A) Cerebral anoxia	24 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cerebral thrombosis	72 hrs
	(C) DUE TO generalized arteriosclerosis	Indef

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C.H.F.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/, 1955, to 3/7/, 1955; that I last saw the deceased alive on 3/7/, 1955, and that death occurred at 8:00 M, from the causes and on the date stated above.

SIGNATURE Stephen R. Jones M. D. ADDRESS Rockville Md DATE SIGNED 3/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-9-55	Potomac Cemetery	Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24? UNERAL DIRECTOR	ADDRESS
3-8-55	Laurel H. Hagloge	Robert H. Compton	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02811

2838 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Triangle SSX-3
STREET ADDRESS (If rural give location) Apt 124-D Courtney Dr., Thomason Pk

3. NAME OF DECEASED: (First) Marie (Middle) Ann (Last) GEBHART
4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-4-17
9. AGE last birthday 37 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Charles Hopkins
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Husband: Elwood E. GEBHART, Apt 124-D, Courtney Dr., Thomason Pk, Triangle, Virginia

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
1717 IMMEDIATE CAUSE	(A) Pneumonia, lobular, bilateral	2 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Intestinal Obstruction	2 weeks
	DUE TO	
	(C) Carcinoma of cervix	2 years+
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: X
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Feb., 1955, to 2 Mar., 1955 that I last saw the deceased alive on 2 March, 1955 and that death occurred at 4:15PM, from the causes and on the date stated above.

SIGNATURE J.W. Peabody Jr. ADDRESS J.W. PEABODY Jr., LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 2 Mar 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 5 Mar 1955
NAME OF CEMETERY OR CREMATORY Dumfries Cemetery
LOCATION (City, town, or county) (State) Dumfried, Virginia

DATE REC'D BY LOCAL REGISTRAR 3 March 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR Hall Funeral Home
ADDRESS Occquan, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2839

CERTIFICATE OF DEATH

02812

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) 3mo 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jamestown X-3
STREET ADDRESS (If rural give location) Post Office Box

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Hittle (Last) GEYER Jr

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-25-30

9. AGE last birthday 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William H. GEYER

14. MOTHER'S MAIDEN NAME: Frances BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS Mother Mrs. Frances B. GEYER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X

IMMEDIATE CAUSE (A) Massive Pulmonary Metastatic Disease — INTERVAL BETWEEN ONSET AND DEATH 1 month

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Ewing's Sarcoma Rt. Femur — 5 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12-30-543

19B. MAJOR FINDINGS OF OPERATION Biopsy Right Femur

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Dec, 1955 to 31 Mar, 1955, that I last saw the deceased alive on 31 Mar, 1955, and that death occurred at 7:10PM, from the causes and on the date stated above.

SIGNATURE F. L. GOLBRANSON LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4 April 1955 — NAME OF CEMETERY OR CREMATORY Deep River Cemetery — LOCATION (City, town, or county) (State) High Point, North Carolina

DATE REC'D BY LOCAL REGISTRAR 1 April 1955 — REGISTRAR'S SIGNATURE Virgil C. Family

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02813

2840

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1mo 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 101 South Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Dickens (Last) GIAUQUE

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-2-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professor of Education

10B. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles E. GIAUQUE

14. MOTHER'S MAIDEN NAME: Georgina WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S ADDRESS: Mrs. Betty GIAUQUE same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.9 IMMEDIATE CAUSE (A) Post-operative shock — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma Nasopharynx — 4 yrs.

19A. DATE OF OPERATION: 3-28-55

19B. MAJOR FINDINGS OF OPERATION: Rt. frontal talatoma

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Feb, 1955, to 30 Mar, 1955, that I last saw the deceased alive on 30 Mar, 1955, and that death occurred at 10:30A M, from the causes and on the date stated above.

SIGNATURE R. M. MACKIE LCDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 1 Apr 1955 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 30 Mar 1955 — REGISTRAR'S SIGNATURE: Mary C. Fairclough

24. FUNERAL DIRECTOR AND ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 2814

2736

CERTIFICATE OF DEATH

Reg. Dist. No. 273

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND LENGTH OF STAY (in this place)
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md. — 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Park Ave. — 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY D. C.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) South East Wash. D.C.
STREET ADDRESS (If rural give location) 3141 Lyndale Place — 47 yrs.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Otis (Last) Gillespie

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced — 8. DATE OF BIRTH: 12-6-95 — 9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 10B. KIND OF BUSINESS OR INDUSTRY: Carpentry — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William F. Gillespie — 14. MOTHER'S MAIDEN NAME: Lucie Goldsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Washington Sanitarium and Hospital Records, Kelly Funeral Home (Takoma Park)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Tamponade — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSE (S) DUE TO (B) Hemopericardium, massive — " "

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Rupture of myocardium at site of recent infarct. — " "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Due to: Thrombosis, L. coronary artery. — Three days

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1955, to March 11, 1955, that I last saw the deceased alive on March 11, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE Irving Robbins — ADDRESS M. D. 1200 Lebanon St. Silver Spring — DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-14-55 — NAME OF CEMETERY OR CREMATORY Ridgedale Cem — LOCATION (City, town, or county) (State) Saltville Va.

DATE REC'D BY LOCAL REGISTRAR Mar 11 1955 — REGISTRAR'S SIGNATURE J. Wm Dodd — 24. FUNERAL DIRECTOR J. Wm Leo Bon — ADDRESS 300 4½ St. S.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2841 02815

CERTIFICATE OF DEATH

Reg. Dist. No. 3 76

Items 9,23 Film C178 3-15-55 e.t.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 188 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE -- COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 1003 - 11th St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) -- (Last) Gilmore
4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: March 22, 1893
9. AGE last birthday 61 62// yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Aleck Gilmore
14. MOTHER'S MAIDEN NAME: Elizabeth --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

160X

IMMEDIATE CAUSE (A) Carcinoma of the ethmoid sinuses with

ANTECEDENT CAUSE (S) DUE TO cerebral metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: March 1954 /
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of ethmoid sinuses
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -- M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Aug. 30, 1954, to Mar. 6, 1955, that I last saw the deceased alive on Mar. 6, 1955, and that death occurred at 3:00PM, from the causes and on the date stated above.

SIGNATURE Kass M. Miller, Jr. M.D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-11-55
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 3/8/55
REGISTRAR'S SIGNATURE Bessie M. Thomas
24. FUNERAL DIRECTOR Brooks-Allen ADDRESS 1200 Fla. Ave. N.E.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02816

Reg. Dist. No. 21-4

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Haven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5204 Kenwood Ave

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) E (Last) Good
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 10, 1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Govt Clerk
11. BIRTHPLACE (State or foreign country): Goodville Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian E. Good
14. MOTHER'S MAIDEN NAME: Nellie Irvine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Wade Bronley Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Malnutrition - Electrolyte Imbalance - Acidosis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility + refusal to eat - self Starvation	3 months
	(c) Arteriosclerosis	2 years Plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1954, to March 15, 1955, that I last saw the deceased alive on March 15, 1955, and that death occurred at 9.05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Warren D. Brill	M.D.	2601-16th Street N.W. Wash. 9, D.C.	March 15, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-17-55	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-16-55	Frances Potter	Neal Funeral Home	48 2 He Ave Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02817

2842

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 2, Film C178 3-15-55 et

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Rural - near Rockville
LENGTH OF STAY (in this place) 6 yrs. 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Rockville X Bethesda
STREET ADDRESS (If rural give location) U.A. Rt. 2 & 191 & #1 & 29 River Rd.

3. NAME OF DECEASED: (Type or Print) (First) Helena (Middle) Mabley (Last) Granger
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 29 1862
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months 9 Days 6 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pontiac Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christopher Mabley —
14. MOTHER'S MAIDEN NAME: Katherine Hull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Christopher M. Granger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial insufficiency — Interval Between Onset And Death: 1 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypostatic pneumonia — 2 days

DUE TO (c) General arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to March, 1955, that I last saw the deceased alive on Mch 5 - 1955, and that death occurred at 1.15 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wheeler O. Hull M.D. — 4529 Maple Ave. Bethesda 14, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE OF BURIAL 3/5/1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematorium
LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REGISTRAR 3/7/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS Martin W. Nysong Co. 1300 N St. NW Washington, D. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A15

2843

02818
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8910 Mohawk Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 8910 Mohawk Lane

3. NAME OF DECEASED: (Type or Print) (First) Cissy (Middle) Clara (Last) Greenwood

4. DATE OF DEATH (Month) Mar (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/10/1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 2 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Basil

14. MOTHER'S MAIDEN NAME: Clara ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Claire Phillips. -Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/16/1955 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 3/15/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Humphreys | ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND 2844

02819

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gaithersburg
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural, give location) Route 3 1

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Gray (Last) Griffith
4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22 1889
9. AGE last birthday: 65 yrs. If under 1 year: Months 6 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home-Keeper
11. BIRTHPLACE (State or foreign country): Orange Co. Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Arthur Grady
14. MOTHER'S MAIDEN NAME: Columbus Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mary C. Bowman, Boyds Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4937 Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1955, to March 21, 1955, that I last saw the deceased alive on March 19, 1955, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace G. Brown M.D. ADDRESS Y-Bird Dr, Gaithersburg Md. DATE SIGNED 3/21/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3-23-55
NAME OF CEMETERY OR CREMATORY: Walkers Chapel.
LOCATION (City, town, or county) (State): Near Orange Va

DATE REC'D BY LOCAL REG. Mar. 22 1955
REGISTRAR'S SIGNATURE: Amelia G. Cooke
24. FUNERAL DIRECTOR: Grant C. Gaither
ADDRESS: Gaithersburg Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0282)

2788

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY Montgomery | MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 14 Hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON

STREET ADDRESS (If rural, give location) 4103 SPRUELL DRIVE

3. NAME OF DECEASED: (Type or Print) (First) ~~GROTON~~ DUDLEY (Middle) Robert (Last) GROTON

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	12/15/53	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
DUDLEY B. GROTON	ISOLINA ALVAREZ CASTANON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no —	—	Dudley B. Groton 4103 Spruell Dr Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

571.0

Immediate cause (a) ACUTE GASTRO-ENTERITIS — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3/30, 19 55, to 3/31, 19 55, that I last saw the deceased alive on 3/30, 19 55, and that death occurred at 12 40 m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Charles Fawell M.D.		12126 Viers Mill Rd Silver Spring Md	3/31/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-2-55	Ft Lincoln Cem	Prince Georges Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 31 1955	J. Milton Dodd	L. H. Hines Co.	Washington D.C.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02821

2845 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 74 0 Street, N.E,

3. NAME OF DECEASED: (First) Theodore (Middle) Curtis (Last) HALL
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-26-86
9. AGE last birthday 69 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad porter
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William HALL
14. MOTHER'S MAIDEN NAME: Julia GRAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Carrier HALL Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 162X (A) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH 5 Mos.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Feb., 1955, to 12 Mar, 1955, that I last saw the deceased alive on 12 Mar, 1955, and that death occurred at 1015P M, from the causes and on the date stated above.

SIGNATURE E. J. Rupnik — ADDRESS Lt MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	16 Mar 1955	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 14 Mar 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS W. E. JARVIS Funeral Home 1432 U Street, N.W., Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02822

2846

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 161 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center, Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural give location) 9 Russell Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Lawrance (Last) Hane
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 6, 1952	2 yrs.	8	19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	-	Maryland	U.S.A.

13. FATHER'S NAME: James W. Hane
14. MOTHER'S MAIDEN NAME: Dorothea Jasper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	--	None	The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
592 IMMEDIATE CAUSE	(A) Uremia secondary to	
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Chronic glomerulonephritis and	
	(C) Nephrotic syndrome	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	--	--

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
-- M.		--

22. I hereby certify that I attended the deceased from Oct. 15, 1954, to Mar. 25, 1955 that I last saw the deceased alive on Mar. 25, 1955, and that death occurred at 6:15 a M, from the causes and on the date stated above.

SIGNATURE John T. Bunion M. D. ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/1955	Parklawn	Montgomery Co. Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
3/27/55	Bessie M. Thompson	C. E. Darby	Gaithersburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012823

2847

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Kensington Estates
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10411 Hebard St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington Estates
STREET ADDRESS (If rural give location) 10411 Hebard St.

3. NAME OF DECEASED: (Type or Print) (First) Lelia (Middle) Augusta (Last) Hardell

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 1, 1865

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Lynchburg Va

12. CITIZEN OF WHAT COUNTRY? America U.S.

13. FATHER'S NAME: William Bailey

14. MOTHER'S MAIDEN NAME: Mary Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Lelia B Hardell - daughter 3020 Cortland Pl. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Myocarditis	20 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	many years
	DUE TO (c) Cerebral hemorrhage	5 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 26, 1946 to Mar 29, 1955, that I last saw the deceased alive on 3/26, 1955, and that death occurred at 3:05 pm 3/29/55, from the causes and on the date stated above.

SIGNATURE Elma B. Carr M.D. (Degree or title) ADDRESS 15 E St. NW Washington DC DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Apr 1/55 — NAME OF CEMETERY OR CREMATORY Glenwood — LOCATION (City, town, or county) Wash — (State) DC

DATE REC'D BY LOCAL REGISTRAR 3-30-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S. H. Hines Co. — ADDRESS 2901-14th St. N.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02824

2848

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,231 Carroll Place Carroll Hall Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9023 Fairview Road

3. NAME OF DECEASED: (Type or Print) (First) EMMIE (Middle) E. (Last) HAYNES

4. DATE OF DEATH. (Month) 3 (Day) 1st. (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify). Widowed

8. DATE OF BIRTH: April 20, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES W. Moulden. Va

14. MOTHER'S MAIDEN NAME: DAISY E. DE CHARD. Washington DC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT & ADDRESS: Mrs. George R. Clayton, 9023 Fairview Road Silver Spring Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4435 IMMEDIATE CAUSE (A) HYPERTENSIVE HEART DISEASE

ANTECEDENT CAUSE (B) DUE TO ESSENTIAL HYPERTENSION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO CEREBRAL HEMORRHAGE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1954, to 3-1-, 1955 that I last saw the deceased alive on 3-1, 1955, and that death occurred at 7:15 P M, from the causes and on the date stated above.

SIGNATURE Kenyon Lowder M. D. ADDRESS 5206 Norway Rd. Chevy Chase, Md. DATE SIGNED 3-1 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 3/4/55

NAME OF CEMETERY OR CREMATORY Riverside Cemetery

LOCATION (City, town, or county) (State) Norfolk, Virginia

DATE REC'D BY LOCAL REGISTRAR 3/3/55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02825

2849

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
STREET ADDRESS (If rural give location) 232 Neoma Drive

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Margaret (Last) HEATH

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 11-5-35
9. AGE last birthday: 19 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Philip E. HEATH
14. MOTHER'S MAIDEN NAME: Lillian LOTTIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Father Mr. Philip E. HEATH Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7-5-4-4
IMMEDIATE CAUSE (A) Central Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 8½ hrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Anoxia — 8½ hrs
DUE TO (C) Congenital Heart Disease (Pulmonary stenosis & I A septal defect) — 19 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2/3/12/55
19B. MAJOR FINDINGS OF OPERATION: Congenital Heart Disease (Pulmonary stenosis with atrial septal defect)
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Jan, 1955, to 12 Mar., 1955, that I last saw the deceased alive on 12 Mar 1955, and that death occurred at 4:10P M, from the causes and on the date stated above.

SIGNATURE E. J. RUPNIK Lt MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 16 Mar 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 14 Mar 1955
REGISTRAR'S SIGNATURE: Mary E. Farrell
24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

2850

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. 02826

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suburban Hospital
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 4406 Edgefield Road

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) L. (Last) HEEGER, Jr.

4. DATE OF DEATH (Month) March (Day) 9, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8-31-49

9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR Months 8 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edwin L. Heeger, Sr.

14. MOTHER'S MAIDEN NAME: Lottie Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Edwin L. Heeger-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Thoracic and abdominal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Rupture of left lung and liver

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) Kensington (County) Monty (State) Md

21d. TIME OF INJURY (Month) 3 (Day) 9 (Year) 55 (Hour) 4:42 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Frank J. Froschauer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-11-55

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 3/10/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert T. Burnside

ADDRESS Bethesda, Md.

2851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02827

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodfield
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. Gaithersburg

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodfield
STREET ADDRESS (If rural, give location): R.F.D. Gaithersburg

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Milton (Last) Hensley

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 17, 1879

9. AGE Last birthday: 75 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Paige Co. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Semon Hensley

14. MOTHER'S MAIDEN NAME: Lula Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 215-20-8986A

17. INFORMANT AND ADDRESS: Floyd S. Hensley, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X
Immediate cause (a) Uremia — 1 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Benign Prostatic Hypertrophy, Urinary Incontinence — 4 years
(c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, generalized; Bronchopneumonia; Decubitus Ulcer; Osteoarthritis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —
(CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-18, 19 55, to 3-14, 19 55, that I last saw the deceased alive on 3-14, 19 55, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Cecil F. Meadows, M.D. — ADDRESS: C/o Boyer Clinic, Damascus, Md. — DATE SIGNED: 3-17-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 18, 1955 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG.: March 17/55 — REGISTRAR'S SIGNATURE: Della V. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02828

2852

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda, Rural
LENGTH OF STAY (in this place): 2 mo 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 1016 C Street, S.E.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Lee (Last) HILL

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negoid

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-5-18

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Campbell HILL

14. MOTHER'S MAIDEN NAME: Eva HOLMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S ADDRESS: Wife Mrs. Eva M. HILL Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (163X)	(A) Acute Pulmonary Edema	1 hour
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Carcinoma, Lung	4½ mo
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Metastases to left tibia & femur 4½ mo

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Jan, 1955 to 14 Mar, 1955, that I last saw the deceased alive on 14 Mar, 1955, and that death occurred at 10:04 P.M., from the causes and on the date stated above.

SIGNATURE: C. S. DURDEN JR

ADDRESS: LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 21 Mar 1955

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 14 March 1955

REGISTRAR'S SIGNATURE: Mary C. Donnelly

24. FUNERAL DIRECTOR: Snowden Funeral Home

ADDRESS: Rockville, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2853 **CERTIFICATE OF DEATH** Reg. Dist. No. 02829 16

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Canada COUNTY Quebec
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Montreal
STREET ADDRESS (If rural give location) 6522 Sherbrooke St. West

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) (Last) Hoey

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH: Feb. 21, 1866 | 9. AGE last birthday 89 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purser
10B. KIND OF BUSINESS OR INDUSTRY: Allen Lines
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Francis Hoey
14. MOTHER'S MAIDEN NAME: Mary Cliphant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Daughter - Mary Theresa Bulmer 801 Dryden St. Silver Sp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
1 1 X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
ANTECEDENT CAUSE (B) DUE TO Metastatic Carcinoma — 9 mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Cancer of Stomach — 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uncertain — 6

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to March 25, 1955, that I last saw the deceased alive on March 25, 1955, and that death occurred at 11:25 A M, from the causes and on the date stated above.
SIGNATURE DeWitt E. DeLawter M. D. ADDRESS Bethesda Md 8025 Aberdeen Rd DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial | DATE THEREOF 3/28/55 | NAME OF CEMETERY OR CREMATORY Cote Des Neiges Cemetery | LOCATION (City, town, or county) (State) Montreal, Canada

DATE REC'D BY LOCAL REGISTRAR 3/29/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner & Dumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, 18~~

2854 CERTIFICATE OF DEATH

02830
Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8820 Burning Tree Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8820 Burning Tree Road

3. NAME OF DECEASED: (Type or Print) (First) Doretta (Middle) C. (Last) Holbrook

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 28, 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 0 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Krentler

14. MOTHER'S MAIDEN NAME: Sophia F. Vogel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dorothy H. Carr-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral anoxia — Interval Between Onset And Death: 30 mn.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral thrombosis — 4 Hrs.

DUE TO

(c) Generalized arteriosclerosis — 2 Yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Hrt. Disease C 47.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/52, to 3/1/55, that I last saw the deceased alive on 3/1/55, and that death occurred at 9:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen N. Jones M.D. ADDRESS Rockville Md. DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit

DATE THEREOF 3/3/1955

NAME OF CEMETERY OR CREMATORY Roseland Park

LOCATION (City, town, or county) Detroit (State) Michigan

DATE REC'D BY LOCAL REGISTRAR 3/3/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphreys ADDRESS Bethesda, Md.

2890

02831 wC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Colonial Manor Motel

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Monty — Wicomico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury — 2½ - 1c

STREET ADDRESS 308 Princeton Ave (If rural, give location) ✓

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	K	Holt	Mar	11	19 55

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	WHITE	MARRIED	12-27-07	47 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
RIGHT of Way EXAMINER	STATE ROADS COM.	LOUISVILLE, KENTUCKY	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WILLIAM HOLT	DAISEY HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW II		ADA CARTER HOLT (WIFE) 308 PRINCETON AVE, SALISBURY, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead in bed
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
TRANSIT - BURIAL	3-15-55	WICOMICO MEMORIAL CEMETERY	WICOMICO COUNTY, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/12/55	Bessie M. Thompson	Robert A. Dempsey	Silver Spring, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

2855

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012832

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Potomac
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.# 3 Box 123
MARYLAND
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Potomac
STREET ADDRESS (If rural, give location) Rt.# 3 Box 123

3. NAME OF DECEASED (Type or Print): (First) ADELIA (Middle) (NMI) (Last) HOUSER

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-24-75

9. AGE last birthday: 80 yrs. If under 1 year: Months 1, Days 3, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Collins

14. MOTHER'S MAIDEN NAME: Sarah Houser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Irene Cottingham-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 1 hr

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis & Congestive heart — 5 yrs

(c) Failure Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to 27 Mar, 1955, that I last saw the deceased alive on 27 Mar, 1955 and that death occurred at 2:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Mumphrey MD Rockville Md 27 Mar 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-30-55

NAME OF CEMETERY OR CREMATORY: Potomac Church Cem.

LOCATION (City, town, or county) (State): Potomac, Md.

DATE REC'D BY LOCAL REG. 3/28/55

REGISTRAR'S SIGNATURE: Bessie M Thompson

24. FUNERAL DIRECTOR: Robert A Dumphrey

ADDRESS: Bethesda, Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film 1180 4-25-55 et 2789

02833

CERTIFICATE OF DEATH

Reg. Dist. No. 423

1. PLACE OF DEATH:
   COUNTY: Montgomery — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park
   LENGTH OF STAY (in this place): 24 days.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Montg. — D.C.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
   STREET ADDRESS (If rural give location): 4704 Blagden Ave., N.W.

3. NAME OF DECEASED: (First) Herman (Middle) Roland (Last) Howenstein

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-

9. AGE last birthday: 80 ? yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James Howenstein

14. MOTHER'S MAIDEN NAME: Mary W. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Atherosclerosis cerebral, Cerebral thrombosis	Hrs
ANTECEDENT CAUSE (S)	DUE TO (B) Hypertension and heart disease	yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Pneumonia	week

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3/, 1955, to 3/26, 1955, that I last saw the deceased alive on 3/25, 1955, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE: H. N. Hobbs, M.D. — ADDRESS: 500 Edmond St. NW — DATE SIGNED: 3/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Buried — DATE THEREOF: Mar 29-1955 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Hathaway Co MD

DATE REC'D BY LOCAL REGISTRAR: Mar 26 1955 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Martin W. Kyrangel — ADDRESS: [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2856

CERTIFICATE OF DEATH

012834

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington X
STREET ADDRESS (If rural give location) 1101 Euclid Street

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Maria (Last) Hunkeler

4. DATE OF DEATH: (Month) Mar. (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 20, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 11 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kaspar Hunkeler

14. MOTHER'S MAIDEN NAME: Maria Amschwand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Kasper Hunkeler-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.2 IMMEDIATE CAUSE (A) Conguintal Heart disease - Massive inter-ventricular Septal defect

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Subarachoid hemorrhage, base brain

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/55, to 3/20/55, that I last saw the deceased alive on 3/20/55, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE Michael L Buckley M. D. ADDRESS 4630 Montgomery DATE SIGNED 3/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-22-55

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 3/21/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert L. Lumbrey ADDRESS Bethesda, Md.

2035 30 2 3 55

2857 **MARYLAND STATE DEPARTMENT OF HEALTH** 02835

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

Montgomery

1. PLACE OF DEATH: COUNTY Rockville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) William R (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1955

5. SEX M. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 8-27-67 | 9. AGE last birthday 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Gustavus Jones

14. MOTHER'S MAIDEN NAME Elizabeth A. Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Willard Harry Brookville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterio-Sclerosis — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/, 1955, to 3/14/, 1955, that I last saw the deceased alive on 3/6/, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Sandy Spring Md 3/15/55

23. BURIAL, CREMATION, REMOVAL (Specify) — | DATE THEREOF — | NAME OF CEMETERY OR CREMATORY — | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-16-55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02836

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2858 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5008 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5008 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Anthony (Last) Jonschey

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married 8. DATE OF BIRTH: Feb. 1, 1888 9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY: Insurance Agent 11. BIRTHPLACE (State or foreign country): Washington D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert F. Jonschey 14. MOTHER'S MAIDEN NAME: Annie E. Mansell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 577-09-9835 17. INFORMANT & ADDRESS: 5008 Bradley Blvd. Bennett G. Jonscher Bethesda. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3-5 min.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary heart disease 5 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ....., 19 55, to March .., 19 55, that I last saw the deceased alive on 26 March, 19 55, and that death occurred at 1:35 P.M, from the causes and on the date stated above.

SIGNATURE John M. Lyman M.D. ADDRESS 7659 Georgetown Rd. Bethesda 14, md DATE SIGNED 27 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3-30-55 NAME OF CEMETERY OR CREMATORY Rock Creek Cemetary LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 3-28-55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR 2901 14th St N.W. S.H. Hines Co. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2859

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02837

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9707 Fairway Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9707 Fairway Ave.

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) J (Last) Kennedy
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/3/85
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. officer of Naval Research
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kennedy
14. MOTHER'S MAIDEN NAME: Elizabeth McCullough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Mrs. Myrtle J. Kennedy, 9707 Fairway Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Frank J. Brosehart M.D. | Gaithersburg Md | 3-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/18/55 | NAME OF CEMETERY OR CREMATORY: Arlington Nat'l. Cemetery | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/18/55 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: Warwick E. Pumphrey | ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

2860

02838

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Spring

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 12044 Claridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 12044 Claridge Rd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Angela	Kernan	Mar	11	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White		1-23-55	yrs.	1	18		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Eugene T Kernan	Dorothy M Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N	no		father - Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to vomitus	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute Respiratory Infection	1 wk
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Brosnahan — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/55	Mt. Olivet Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/55	Frances Potter	Warner & Humphrey,	8434 Ga. Ave. Silver Spring, Md.

2015264404

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02839

2861 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural give location) Operator's Village

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) Lewis (Last) KING

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 11-30-28

9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas KING

14. MOTHER'S MAIDEN NAME: Sara MITCHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Margaret KING Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

IMMEDIATE CAUSE (A) acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSE (B) DUE TO hypertensive cardiovascular disease — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO malignant chronic glomerulonephritis — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Feb, 19 55 to 29 Mar, 19 55 that I last saw the deceased alive on 29 Mar, 1955, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE C. S. STROUD CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1 Apr 1955 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 30 Mar 1955 — REGISTRAR'S SIGNATURE Paul E. Farrell

24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Ave., Bethesda, Md.

2862

02840

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6801 Meadow Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural, give location) 6801 Meadow Lane

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A (Last) KUNDAHL
4. DATE OF DEATH (Month) March (Day) 5 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 10, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 9 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H. Kaiser
14. MOTHER'S MAIDEN NAME: Margaret Dougherty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: George G. Kundahl-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Instant
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Edward J. Broccard M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/8/1955
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. 3/7/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts & Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02841

2863 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Maryland Hl cnt. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rymal; LENGTH OF STAY (in this place) 3mo 7days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tampa 42 x -; STREET ADDRESS (If rural give location) 3605 Orient Road

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Alice (Last) LEACH

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-20-98

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Conn.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward A. SWEET

14. MOTHER'S MAIDEN NAME: Louise GRUNOY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4- (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS. Husband Mr. Edward G. LEACH same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (B) DUE TO Obstruction of Ureters

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Metastasis of Adenocarcinoma of Cervix

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Nov, 19 , to 3 Mar, 19 55, that I last saw the deceased alive on 3 Mar, 19 55, and that death occurred at 3:45A M, from the causes and on the date stated above.

SIGNATURE J. V. CALIGUIRI LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 3 March 1955 — DATE THEREOF 6 Mar 1955 — NAME OF CEMETERY OR CREMATORY Jordan Cemetery — LOCATION (City, town, or county) (State) Waterford, Conn.

DATE REC'D BY LOCAL REGISTRAR 3 March 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02842

2864

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Item 2, FilmG178 3-16-55et

1. PLACE OF DEATH — COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Salisbury — LENGTH OF STAY (in this place) 4 years +
HOSPITAL OR INSTITUTION OR STREET ADDRESS 900 Camden Ave. Salisbury Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: 3V014
STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 5513 (If rural give location) Haddon Ave.

3. NAME OF DECEASED: (First) Eva (Middle) Elizabeth (Last) Fisher
4. DATE OF DEATH: (Month) (Day) (Year) March - 7 - 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W	Widow	Jan - 17 - 1873	82 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): South Penn, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Hubbard
14. MOTHER'S MAIDEN NAME: Hannah Hagafogel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT & ADDRESS: Mrs. J. A. Tilghman Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2½ days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1955, to 3-7-, 1955, that I last saw the deceased alive on 3-7-, 1955, and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Johnson L. Martin — ADDRESS Salisbury, Md. — DATE SIGNED 3/9/55 — M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/10/55	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
3/9/55	tt	Wm. J. Dickerson & Sons-Balto.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12844

2866

CERTIFICATE OF DEATH

Reg. Dist. No. 21-7

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 11-mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Old

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 560 - Southampton Dr.

3. NAME OF DECEASED: (Type or Print) (First) Yetta (Middle) Tenza (Last) Levine

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	1880	75 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Poland	U.S.

13. FATHER'S NAME: Harry Danza
14. MOTHER'S MAIDEN NAME: Ruth — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		—	Marlow Levine 560 - Southampton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 443X DUE TO Cerebral Hemorrhage (Massive) — INTERVAL BETWEEN ONSET AND DEATH Few Minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive Hypertension — 10-20 yrs.

(C) Congestive Heart Failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from March 20, 1955 to March 21, 1955 that I last saw the deceased alive on March 20, 1955, and that death occurred at 7:20 P M, from the causes and on the date stated above.

SIGNATURE Thomas F. Quinn M.D. ADDRESS 561-4 Southampton Drive DATE SIGNED 3/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-55	Beth David Cem	Elmont L.I. N.Y.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-22-55	Frances Cotter	B Damyanosky & Son	3501-14th St N.W.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02845

2867 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 73 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE -- COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 1516 Montana Ave., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) Anna (Last) Levy

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Sept. 26, 1928

9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morris Levy

14. MOTHER'S MAIDEN NAME: Eva Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 578-34-2903

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2041 IMMEDIATE CAUSE (A) ABDOMINAL HEMORRHAGE

ANTECEDENT CAUSE (B) DUE TO (B) CHRONIC MYELOCYTIC LEUCEMIA 4 YRS.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: a) 2 & 3-22-1955 b) 3-22-1955

19B. MAJOR FINDINGS OF OPERATION a) TUMOR OF ILEUM — b) EXPLOR.-NEG.

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1955, to Mar. 25, 1955, that I last saw the deceased alive on Mar. 25, 1955, and that death occurred at 1245 P M, from the causes and on the date stated above.

SIGNATURE AND D. R. ROUSH M. D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED 3-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3-27-55 NAME OF CEMETERY OR CREMATORY Mt Lebanon Cemt LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/27/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR B Ramsay & Son ADDRESS 3501-14 St NW Washington DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12846

2868

CERTIFICATE OF DEATH

Reg. Dist. No. 225

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TOWN Bethesda Rural
LENGTH OF STAY (in this place) 2mos 19das
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 2-10-
STREET ADDRESS (If rural give location) 96 Shipwright Street

3. NAME OF DECEASED: (First) Alexandra (Middle) (Last) Lindell
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 7-17-81
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS. Helen Lindell Annapolis, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1919 IMMEDIATE CAUSE (A) Intra-abdominal carcinoma - origin — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO undetermined.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-55, 19.., to 3-26-, 1955, that I last saw the deceased alive on 3-26- 1955 and that death occurred at 7:40a M, from the causes and on the date stated above.

SIGNATURE Gerald D. Pittman ADDRESS DATE SIGNED

G.I. PLITMAN, LT, MC, USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3-29-55
NAME OF CEMETERY OR CREMATORY: U.S. Naval Academy Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: John M. Taylor 147 Duke of Gloucester St Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02847

2869

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Wheaton, Md
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1402 Wheaton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton, Md X
STREET ADDRESS (If rural give location) 1402 Wheaton Lane

3. NAME OF DECEASED: (Type or Print) First: Florence (Middle) G. (Last) Lomax

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Colored	Widowed	March 25, 1872	82 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Norris	Charity Ann Gettings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			Virginia Barnes 1402 Wheaton Lane Wheaton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3.14.55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Cerebral Embolism — 3.17.55

(C) DUE TO Cardiorenal Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Blindness + Arthritis

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	Home	Wheaton Mont'y Md

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☒	21F. HOW DID INJURY OCCUR?
March 11 55 M.		Feel going up steps

22. I hereby certify that I attended the deceased from Dec 29, 1932 to March 17, 1955 that I last saw the deceased alive on March 17, 1955, and that death occurred at 2:15 P M, from the causes and on the date stated above.

SIGNATURE Webb Lowell M. D. ADDRESS Silver Spring DATE SIGNED 3.16.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	3/21/55	Alan Chapel	Wheaton Montg. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-21-55	Frances Potter	K. F. Snowden	Rockville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02848

2790 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 Albany Ave. OAK HAVEN REST HOME 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 6845 Eastern Avenue 1

3. NAME OF DECEASED: (First) MYRA (Middle) (Last) MAGEE
4. DATE OF DEATH: (Month) MAR (Day) 27 (Year) 19 55
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 4/27/1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. Empl
11. BIRTHPLACE (State or foreign country): Petersburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Magee
14. MOTHER'S MAIDEN NAME: Harriet G. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Chas. L. Magee 5421 Center Drive Camp Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) 443X Cerebral arteriosclerosis, Cerebral thrombosis — 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive heart disease and myocardial failure
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ 0
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 1955, to 3/27/55, that I last saw the deceased alive on 3/26/55, and that death occurred at 1:15 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) C. W. Bolshon M.D.
ADDRESS 500 Edmonston Rd. Md.
DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) cremation
DATE OF THEREOF 3/30/55
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 28-1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co.
ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02849

2870

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 156 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seabrook 16X-2
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) A. (Last) Mangold
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): child
8. DATE OF BIRTH: Aug. 5, 1948
9. AGE last birthday: 6 yrs. (IF UNDER 1 YEAR: Months | IF UNDER 24 HRS: Days | Hours | Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Carl Mangold
14. MOTHER'S MAIDEN NAME: Ola M. Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
230X IMMEDIATE CAUSE	(A) Respiratory failure	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Anuria	15 days
	DUE TO (C) Spread of hepatic mesenchymoma	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-14-54
19B. MAJOR FINDINGS OF OPERATION: Hepatic mesenchymoma.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1954, to Mar 9, 1955, that I last saw the deceased alive on March 9, 1955, and that death occurred at 12½ PM, from the causes and on the date stated above.
SIGNATURE Robert H. Parrott M.D ADDRESS NIH Bethesda DATE SIGNED 3-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3/12/55
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: Mar. 16 1955
REGISTRAR'S SIGNATURE: Bessie M Thompson
24. FUNERAL DIRECTOR: F Gaeche sons ADDRESS Hyattsville Md

2871

(02851)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Burtonsville - Montgomery Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville X; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Virginia (Last) MARGERUM

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.

8. DATE OF BIRTH: 2/28/1864

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Spencerville Maryland

12. CITIZEN OF WHAT COUNTRY: U S

13. FATHER'S NAME: Cornelius Leizear

14. MOTHER'S MAIDEN NAME: Ann Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Joseph Peter, Silver Spring, Rt 2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Uraemia — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, Cerebral Hemorrhage — 2 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/55 to 3/22/55, that I last saw the deceased alive on 3/21/55, and that death occurred at 5P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M D ADDRESS Sandy Spring DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: March 24 1955 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county) (State): Burtonsville Md

DATE REC'D BY LOCAL REGISTRAR: Mar 24-55 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: DeWitt Davidson, Laurel Md — ADDRESS

(Mar 24-55-Laurel from)

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Iter 2, rim 1no 4-1x-55 et

2872

CERTIFICATE OF DEATH

02851

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Olney
LENGTH OF STAY (in this place) 9 mo 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sharon Chronic Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Sugarland Rd. (Sor's home) Jolliffe's Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) Armstead (Middle) Matthews- (Last)

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH. June 12-1859

9. AGE last birthday 95 yrs

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer + Builder

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leesburg - Va -

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Matthews -

14. MOTHER'S MAIDEN NAME: Nancy Carner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Hosp. Record - given by the deceased

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Cardiac arrest -

ANTECEDENT CAUSE (S) DUE TO (B) Gen. arteriosclerosis +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senile Degeneration

INTERVAL BETWEEN ONSET AND DEATH
(A) 2 Days
(B) 10 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30, 1954 to 3-24, 1955, that I last saw the deceased alive on March 22 1955, and that death occurred at 11 P. M. from the causes and on the date stated above.

SIGNATURE John Baxley Ziegler M.D. ADDRESS Olney, Md. DATE SIGNED March 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF March 25

NAME OF CEMETERY OR CREMATORY Rockville Mem

LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-25-55

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Edward P Hutton Sons

ADDRESS Silver Spring Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02852 213

2873

CERTIFICATE OF DEATH

Reg. Dist. No. 246

Items 5,6,7, Film G169 3-28-55 et Items 8,9: film G180 4-26-55L

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL-ROCKVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OR Box 162 Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-ROCKVILLE
STREET ADDRESS (If rural give location) Box 162 Rockville

3. NAME OF DECEASED: (Type or Print) (First) George — (Middle) Mawdesley — (Last) Maynard

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-30-1893

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: ACCOUNTANT

11. BIRTHPLACE (State or foreign country): WASHINGTON

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George-Colton-Maynard

14. MOTHER'S MAIDEN NAME: Lucy-Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-44-0284

17. INFORMANT & ADDRESS: Marian-Maynard. Box 162 Rockville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY-THROMBOSIS — Interval Between Onset And Death: 8 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROTIC-heart DISEASE — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NOT — PLACE (Home, farm, factory, street, office bldg., etc.) NOT — (CITY OR TOWN) DOES-NOT-APPLY — (COUNTY) — (STATE)

TIME OF INJURY (Month) NOT (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR? DOES-NOT-APPLY

22. I hereby certify that I attended the deceased from March, 1955 to March, 1955 that I last saw the deceased alive on [illegible], 19 55 and that death occurred at 6:30 P.M., 21 March 1955, from the causes and on the date stated above.

SIGNATURE 21 March — Charles Savage, (Degree or title) MD — ADDRESS Box 345 Rockville, Md. — DATE SIGNED 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 3/23/1955 — NAME OF CEMETERY OR CREMATORY St. Annes Cemetery — LOCATION (City, town, or county) Annapolis, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/15/55 — REGISTRAR'S SIGNATURE Laurell H. Keefer — 24. FUNERAL DIRECTOR Jos. Sanders Sons — ADDRESS Wash, DC

3/23/55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02853

2874

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda; LENGTH OF STAY (in this place) 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 12304 Charles Road

3. NAME OF DECEASED: (First) Margaret (Middle) M. (Last) McArdle

4. DATE OF DEATH: (Month) Mar. (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 6, 1869

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman

10B. KIND OF BUSINESS OR INDUSTRY: Macy's retired

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John McArdle

14. MOTHER'S MAIDEN NAME: Eliza Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Arthur Royce

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebrovascular accident-

ANTECEDENT CAUSE (S) DUE TO (B) Generalized arteriosclerosis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Auricular fibrillation & Embolization of common iliac arts.

INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, to 3/19/55, that I last saw the deceased alive on 3/19, 1955, and that death occurred at 2:35 P.M. from the causes and on the date stated above.

SIGNATURE George A. Gray, Jr. M. D. ADDRESS 104 Kirkwood Place Dr., Wash. 7, D.C. DATE SIGNED 3/20/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF March 21, 1955; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Parklawn Cemetery, Montg. Co., Md

DATE REC'D BY LOCAL REGISTRAR 3/25/55; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, Silver Spring Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02854

2875

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Silver Spring Montgomery Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 6916 33rd Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) James (Last) MC AULIFFE

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-27-93
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Chales MC AULIFFE
14. MOTHER'S MAIDEN NAME: Anna MC QUIRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ADDRESS Wife Mrs. May MC AULIFFE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 IMMEDIATE CAUSE (A) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia — 2 days

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Mar, 19 55 to 10 Mar, 1955, that I last saw the deceased alive on 10 Mar, 1955, and that death occurred at 2:00A M, from the causes and on the date stated above.

SIGNATURE / ADDRESS / DATE SIGNED
C. S. STROUD LDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 14 Mar 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10 Mar 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS Chevy Chase Funeral Home 5101 WisconsinAvenue, N.W. Washington,D.C

2876 **MARYLAND STATE DEPARTMENT OF HEALTH** 02855

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

to 2 Fil G173 3-21-55 e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Crest Sanitarium Hosp. Columbia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural, give location) 9000 Columbia Blvd.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) McGOWAN (Last)

4. DATE OF DEATH: (Month) March (Day) 4th (Year) 1955

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Feb. 3, 1868 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer | 10b. KIND OF BUSINESS OR INDUSTRY: Railroad Engineer | 11. BIRTHPLACE (State or foreign country): Scotland | 12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Henry McGowan | 14. MOTHER'S MAIDEN NAME: Isabelle McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: yes | 17. INFORMANT AND ADDRESS: Harold C. McGowan - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-55 1955, to 3-4 1955; that I last saw the deceased alive on 3-3 1955, and that death occurred at 12:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alvin J. Kistler M.D. Cedar Crest Sanitarium Hosp. Silver Spring Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans & Burial	3/4/55	Slippery Rock Cemetery	Elwood City, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/7/55	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

2877

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02856 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6711 East Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6711 East Avenue

3. NAME OF DECEASED: (Type or Print) (First) Archie (Middle) Hart (Last) McGray

4. DATE OF DEATH (Month) March (Day) 7 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 21, 1908

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 0 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Atty

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Pub. Health

11. BIRTHPLACE (State or foreign country): Underwood, N. Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. McGray

14. MOTHER'S MAIDEN NAME: Winifred Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) WW II (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 474-09-6949

17. INFORMANT & ADDRESS: Edna Dean McGray-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 DUE TO Coronary occlusion — Interval Between Onset and Death: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Inverhart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/10/1955

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 3/7/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts a. Lumphrey

ADDRESS Bethesda, Md

VS. A15A - 5 - 53

2878

02857

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8704 Gilbert Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8704 Gilbert Place

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) G (Last) Metzling

4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 9-1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Salesman Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob N. Metzling

14. MOTHER'S MAIDEN NAME: Lydia Anne Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ella Tennell - 307 Wilmoore Drive Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Mar 26-1955

NAME OF CEMETERY OR CREMATORY Fredrick Cemetery

LOCATION (City, town, or county) (State) Baltimore - Maryland

DATE REC'D BY LOCAL REG. 3/25/55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Potter Mallory

ADDRESS 254 Carroll St. N.W. Takoma Park - D.C.

2879

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02858 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9811 Parkwood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 9811 Parkwood Drive

3. NAME OF DECEASED: (Type or Print) (First) PAULA (Middle) (Last) MEYER

4. DATE OF DEATH: (Month) March (Day) 1st (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/14/1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 0 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rudolf Einstein

14. MOTHER'S MAIDEN NAME: Frank Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hans B. Meyer-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Small a... short

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J Broccoli M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 3-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/4/1955 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REG. 3/3/55 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR Roberts & Turnbaugh ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING [illegible] Item #1 of information carefully. The correct age is especially important. Physicians: [illegible] write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02843

2865 **CERTIFICATE OF DEATH** Reg. Dist. No. .... ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 95 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE -- COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 4.7 X - 1
STREET ADDRESS (If rural give location) 1315 Clifton St. N.W. √

3. NAME OF DECEASED: (First) LENORA (Middle) -- (Last) MICHAEL
(Type or Print) Michael -- Lenora

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 6, 1925
9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 29 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Instructor
10B. KIND OF BUSINESS OR INDUSTRY: Howard University
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George White
14. MOTHER'S MAIDEN NAME: Lenora Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: not available
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1648
IMMEDIATE CAUSE
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Atelectasis, infarction, hemorrhage, lungs DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 day
(B) Cardiac metastasis aur. wall heart, involving DUE TO tricuspid valve; from
(C) Primary malignant mediastinal tumor

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6-8-54
19B. MAJOR FINDINGS OF OPERATION: Adhesive Pericarditis
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1954 to Mar. 7, 1955, that I last saw the deceased alive on Mar. 7, 1955, and that death occurred at 8.55 A. M, from the causes and on the date stated above.

SIGNATURE K. S. Frederick Cooper M. D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar-10-55
NAME OF CEMETERY OR CREMATORY: Zion
LOCATION (City, town, or county) (State): King & Queen Va

DATE REC'D BY LOCAL REGISTRAR: 3/9/55
REGISTRAR'S SIGNATURE: A. H. Hedrick
24. FUNERAL DIRECTOR: Joseph L. Russ ADDRESS 2222 N. Monroe Balto md

2880

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02859

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

Item 18 filled out 3-23-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 103 Bonifant Rd

3. NAME OF DECEASED: (First) Andrew (Middle) (Last) Mitchell

4. DATE OF DEATH (Month) Mar (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-29-32

9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): school

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Mitchell

14. MOTHER'S MAIDEN NAME: Lillian Mobley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 053.4 Septicemia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) (Autopsy and laboratory findings were negative)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ernest J Brockhart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-15-55

NAME OF CEMETERY OR CREMATORY Rockville Union

LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG 3-11-55

REGISTRAR'S SIGNATURE Lucinda B Lamb

24. FUNERAL DIRECTOR ADDRESS

~~60 W Diamond Ave~~ Upper Organ Sh Co Inc Robert A Pumphrey Bethesda

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, ~~18~~ 02800

2881 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4607 Cheltenham Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4607 Cheltenham Drive

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) JANE (Last) MONROE

4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/19/1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 11 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: HannaJones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Naomi Monroe-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive heart disease

DUE TO

(c)

Interval Between Onset And Death: 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1944 to March 14, 1955, that I last saw the deceased alive on March 11, 1955, and that death occurred at 3.30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) L. I. Sonnon MD ADDRESS 2016 Lenytr ... Bethesda Md DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/16/1955 NAME OF CEMETERY OR CREMATORY Parklawn LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/15/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 02861

2882

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 11: Film G181-5/16/55

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9616 Hillridge Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 9616 Hillridge Drive

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) PATTERSON (Last) MORRIS

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Widowed

8. DATE OF BIRTH: Oct. 9, 1870

9. AGE last birthday: 84 yrs. If UNDER 1 YEAR Months 5 Days 0 If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country) ~~Mississippi~~ Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bishop Lowry Patterson

14. MOTHER'S MAIDEN NAME: Martha Anna Wood Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ruth Morris Nelson-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Foilure	4 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary insufficiency	?
	DUE TO (c) Arteriosclerotic heart disease	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None apparent

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No

(CITY OR TOWN) No

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9 ..., 1955, to 3/9, 1955, that I last saw the deceased alive on 3/9, 1955, and that death occurred at 8 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Umbarger Jr. M.D. ADDRESS 8805 Connecticut Ave DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 3/12/1955

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 3/12/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Humphreys ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02862

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 809 BONIFANT STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural, give location): 809 BONIFANT STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	JOSEPH	MOTLEY	MARCH	10	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	27 DEC. 1887	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED - U.S.N. + USCG	RICOTENANT	SUGAR NOTCH, LUZERNE CO., PA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES A. MOTLEY	CATHERINE MOORE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WWI + II	266-44-0721	THERESA MOTLEY - 809 BONIFANT ST. SILVER SPR. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute Pulmonary edema	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic - Hypertensive heart disease with stroke	7 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	-	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	-	-	-	-

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		-

22. I hereby certify that I attended the deceased from March 2, 1955, to March 10, 1955, that I last saw the deceased alive on March 10, 1955, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Allen F. Potter	M.D.	8641 Colesville Road Silver Spring, Md.	March 11, 1955

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	15 MARCH 1955	ARLINGTON NATIONAL	ARLINGTON, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/55	Frances Potter	John B. Ryan, Inc.	317 Pa. Ave., S.E. Wash. 3 D.C.

2884

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02863 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter Reed Annex

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 7110 Girard Street, N.W. 47x-3 ✓

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) ALBERT (Last) MUSGRAVE

4. DATE OF DEATH (Month) March (Day) 17 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3/20/70	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lab. Tech.	U. S. Army	Boston, Mass.	U.S.A.

13. FATHER'S NAME: Albert Francis Musgrave

14. MOTHER'S MAIDEN NAME: Sarah Estelle Covkendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes	WW #2	092-14-1267	Mrs. Dorothy E. Musgrave 188-02 64th Ave., Flushing 65, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Sodium Cyanide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Found dead in laboratory

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-17-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/55	Arlington Nat'l Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/21/55	Francis Sutter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02864

2885 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy
STREET ADDRESS (If rural give location) R#3

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Rufus (Last) Nalley

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 10/20/92

9. AGE last birthday 62 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Rufus Nalley

14. MOTHER'S MAIDEN NAME: Katherine Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

IMMEDIATE CAUSE (A) Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Intest Metastases — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6/55, 19.., to 3/19, 1955, that I last saw the deceased alive on 3/19/55, 19.., and that death occurred at 9:15a M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Sandy Spring DATE SIGNED 3/19/55-MH

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/22/55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 3-19-55

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Nalley's Funeral Home

ADDRESS 3200 Rhode Island Ave. Mt Rainier Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02865

2886

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring (RFD#1) — LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Norwood Rd - Norbeck

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring RFD#1
STREET ADDRESS (If rural, give location) Norwood Rd., Norbeck

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Helena	Maria	O'Connell		3	15	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W.	S	12-11-1872	82 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Education —	Christian Convent	District of Col.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Geoffrey C. O'Connell	Ellen Costello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		—	Sister - Anna O'Connell, Silver Spring MD

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Congestive Heart Failure	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio-selerosis Generalized	yrs
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ..... 1952 to 3/15 ....., 1955, that I last saw the deceased alive on 2/17, 1955, and that death occurred at 7:40 PM, from the causes and on the date stated above.

SIGNATURE Charles W Jean M.D. (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 18/55	Mt Olivet	Washington	D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-18-55	Gertrude B Lawler	Ray W Barber	Laytonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02866

2791

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
   COUNTY: Montgomery
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 17 Takoma Park
   MARYLAND
   LENGTH OF STAY (in this place): 7 hrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park 17
   STREET ADDRESS (If rural give location): 7507 Carroll Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Elizabeth (Last) O'Neill

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 5-28-97

9. AGE last birthday: 57 yrs.
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Charles William Gosnell

14. MOTHER'S MAIDEN NAME: Elizabeth Wilder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
    (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arterio-sclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1955, to ——, 19 , that I last saw the deceased alive on Mar. 3, 1955, and that death occurred at 10:10 P M, from the causes and on the date stated above.

SIGNATURE M. D. J. B. Kelly

ADDRESS 6911 5th St. N.W. Wash. D.C.

DATE SIGNED Mar. 4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: March 7, 1955

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Bladensburg Rd. Prince Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 4-1955

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: J. Arthur Gallery

ADDRESS: 254 Carroll St. N.W. Takoma Park 12 D.C.

Certificate approved by
Dr. Frank J. Bovenart
Dep. Tick Examiner
Monty Co., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02867

CERTIFICATE OF DEATH

Reg. Dist. No. 223

2792

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1300 Walker Ave
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Takoma Park, Md.
MARYLAND
LENGTH OF STAY (in this place): 17 / 28

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Prince Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville 1-15-2
STREET ADDRESS (If rural, give location): 3910 Oneida Road

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Belle (Last) Osborn

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 25, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Allen

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Angelia H. Osborn 3910 Oneida R. Hyattsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

581.0
Immediate cause (a) Chronic Congestive Heart Failure
DUE TO
Antecedent cause(s) (b) Cirhosis of liver
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE: Weather

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 1955, to March 1955, that I last saw the deceased alive on March 24 1955, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE: W. W. Greene (DEGREE OR TITLE) M.D. ADDRESS: College Park, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	Mar 26, 1955	Washington Park	Indianapolis, Indiana

DATE REC'D BY LOCAL REG.: 3/26/55 3/29/55

REGISTRAR'S SIGNATURE: Amanda Bennett J. Wilson Dodd Reg

24. FUNERAL DIRECTOR: F. Gosch & Sons ADDRESS: Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02868

2793

CERTIFICATE OF DEATH

Reg. Dist. No 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
MARYLAND LENGTH OF STAY (in this place) 5yrs 9mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Illonis COUNTY Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago 26 51 X - 3
STREET ADDRESS (If rural give location) 1126 Morse Ave - Apt. 2

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) (Last) Otterback

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH. 7 Sept. 1868

9. AGE last birthday 86 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Post Office

10B. KIND OF BUSINESS OR INDUSTRY: Retd -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Otterback

14. MOTHER'S MAIDEN NAME: ROSANNA GROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Edna F. Gibson RN 2701 Arcola St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH one day

ANTECEDENT CAUSE (B) DUE TO Coronary Thrombosis with Myocardial Infarction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Terminal Uremia — several days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Cystitis with Urinary Stone — Years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1955 to March 16, 1955, that I last saw the deceased alive on March 16, 1955, and that death occurred at 8:29 P M, from the causes and on the date stated above.

SIGNATURE Arthur N. Meade M. D. ADDRESS Takoma Park, Md. DATE SIGNED 3-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 19 1955 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem. | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Mar 17th 1955 | REGISTRAR'S SIGNATURE J. Milton Dodd | 24. FUNERAL DIRECTOR The S.H. Hines Co. | ADDRESS 2901 14th St. N.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02869

2794

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md.
LENGTH OF STAY (in this place) 17 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7515 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 205 Geneva Ave. 17 1

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Everett (Last) Parsly

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 6-22-1945

9. AGE last birthday 9 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Albin Parsly

14. MOTHER'S MAIDEN NAME: Lillian Oneta Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593 IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Nephritis

DUE TO (C) Hydrocephalis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:40 am, 1955 3-8-55 1:55-3-8, 1955, that I last saw the deceased alive on 3-8-55, 19 , and that death occurred at 1.55 P M, from the causes and on the date stated above.

SIGNATURE Ruth Rawland Md M. D. ADDRESS Wash. San + Hosp. DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/12/55

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR Mar. 10 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Bowers Deputy Registrar

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Son Hyattsville, Md

11 11-1955 W. Evan Dodd, Reg.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02870

1 2887

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

COUNTY MONTGOMERY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING — LENGTH OF STAY (in this place) 1950 to date

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8303 UNIVERSITY LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING, MARYLAND

STREET ADDRESS (If rural, give location) 8303 UNIVERSITY LANE

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ANNIE	McLEAN	PETSCHELT	MARCH	24	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	FEBRUARY 20, 1876	79 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WILLIAM HARDIMAN	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO NO	NONE	EMILY SWANSON (DAUGHTER) SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
430.0 Immediate cause	(a) CEREBRAL THROMBOSIS	6 DAYS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS	10 YEARS
DUE TO		
	(c) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
NONE M.		NONE

22. I hereby certify that I attended the deceased from JUNE, 1951, to MARCH, 1955, that I last saw the deceased alive on MARCH 24, 1955, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE Belden R. Leah M.D. (DEGREE OR TITLE) ADDRESS Silver Spring Md. DATE SIGNED 3/24/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-28-55	Arlington	Drexel Hill Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/25/55	Frances Potter	Deal Funeral Home	4812 Georgia Ave NW Wash D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02871

2888 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda 1/4 mile
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 4432 Gallit St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Annie (Last) Pettitt
4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed 8. DATE OF BIRTH: Nov. 2, 1887 9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. Wife 10B. KIND OF BUSINESS OR INDUSTRY: At Home 11. BIRTHPLACE (State or foreign country): Wash. D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Lajer 14. MOTHER'S MAIDEN NAME: Laura Crowley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Mr. W. F. Hurley - Oxon Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X IMMEDIATE CAUSE (A) Generalized peritonitis — 2 days

ANTECEDENT CAUSE (B) DUE TO Perforation sigmoid colon — 20 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Adinocarcinoma sigmoid colon — 6+ mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive heart disease — unknown

19A. DATE OF OPERATION: 2 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3/16 1955 to 3/19, 1955, that I last saw the deceased alive on 3/16, 1955, and that death occurred at 3.00 A M, from the causes and on the date stated above.

SIGNATURE M. Benedetti Hunter M.D. ADDRESS 246 Montgomery Rockville DATE SIGNED 3/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/22/55 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 3/23/55 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md

2889

02872 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9107 River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 9107 River Road 1

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) A. (Last) PRICE

4. DATE OF DEATH (Month) (Day) (Year) March 6th, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 6, 1908

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 2 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: J. Clyde Armentrout

14. MOTHER'S MAIDEN NAME: Lelia Sites

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Milton M. Price-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY OCCLUSION

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden Death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Lloyd J. Barnett M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Mar 6, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-9-55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/7/55

REGISTRAR'S SIGNATURE Bessie Thompson

24. FUNERAL DIRECTOR Lloyd D. Dempsey

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02873

2890

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 Hour.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7414 Suburban —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda —
STREET ADDRESS (If rural give location) 9107 - River Road -

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) MONROE (Last) PRICE

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec. 24 1904

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CIVIL ENGINEER

10B. KIND OF BUSINESS OR INDUSTRY: - Own Business

11. BIRTHPLACE (State or foreign country): Dist. of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Bilton Price

14. MOTHER'S MAIDEN NAME: Mildred Anthony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WAR II

16. SOCIAL SECURITY NO. 215-26-0494

17. INFORMANT & ADDRESS: James V. Price - 9907 Old Blandens- burg Rd Silver

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) DUE TO Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary thrombosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Coronary atherosclerosis, mod yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1955, to Mar. 13, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 12:40 P M, from the causes and on the date stated above.

SIGNATURE F. W. Nicholas M.D. M.D. ADDRESS 2200-19th N.W. Wash. D.C. DATE SIGNED 3/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-17-55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 3/15/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert H. Dampkey

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02874

2891 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 3904 Rosemary street

3. NAME OF DECEASED: (Type or Print) (First) Ana'is (Middle) Julia (Last) Pugh

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH: April 29, 1867 9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months 10 Days 22 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): South Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Michael P. O'Connor

14. MOTHER'S MAIDEN NAME: Alidah Arjella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S ADDRESS: James A. Pugh 3904 Rosemary st. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1. IMMEDIATE CAUSE (A) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal bronchopneumonia — 4 days.

19A. DATE OF OPERATION. 3-14-55 19B. MAJOR FINDINGS OF OPERATION Ca of stomach & metastasis 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1954 to March 21 1955 that I last saw the deceased alive on March 21, 1955 and that death occurred at 10 55 P M, from the causes and on the date stated above.

SIGNATURE John V Dolan M D M. D. ADDRESS 3100 Connecticut DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/25/1955 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR 3/23/55 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02875

2892 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 2810 Spencer Rd

3. NAME OF DECEASED (Type or Print): (First) MATHILDE (Middle) (Last) RAPP

4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3/7/1880
9. AGE last birthday 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Max Darmstadter
14. MOTHER'S MAIDEN NAME: Gerline Rapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) acute Pulmonary Embolism	5 min
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Acute Coronary Thrombosis	12 weeks
	DUE TO	
	(C) Coronary Atherosclerosis	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20 1955 to 3-15-55, that I last saw the deceased alive on 3-10-55, and that death occurred at 4 p M, from the causes and on the date stated above.
SIGNATURE Benjamin Manchester M. D. ADDRESS 3200 - 16 St NW DATE SIGNED 3-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/17/55
NAME OF CEMETERY OR CREMATORY Mt. Lebanon
LOCATION (City, town, or county) (State) Hyattsville, Md

DATE REC'D BY LOCAL REGISTRAR 3/21/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR B. Benzansky & Son
ADDRESS 3501-14th St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02876

2893 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 96 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville 06 X - 6
STREET ADDRESS (If rural give location) Mellor Ave.

3. NAME OF DECEASED: (First) Matthew (Middle) — (Last) Reilly
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: July 28, 1915
9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Supt.
10B. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Matthew Reilly
14. MOTHER'S MAIDEN NAME: Margaret Duncan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#2
16. SOCIAL SECURITY NO. 212-05-8334
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

180 X IMMEDIATE CAUSE (A) Metastatic Melanoma to Lungs, Liver, Kidneys, Brain

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Mar. 7, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 1:15 P M, from the causes and on the date stated above.
SIGNATURE R. Miller, Jr. M. D.
ADDRESS The Clinical Center Natl. Institutes of Health
DATE SIGNED 3-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-10-55
NAME OF CEMETERY OR CREMATORY St Joseph's
LOCATION (City, town, or county) (State) Govan, Baltimore Co., Md.

DATE REC'D BY LOCAL REGISTRAR MAR. 9, 1955
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR, ADDRESS Hattie N. Haight - Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02877

2894 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Poolesville
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Elizabeth (Last) Riggs

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 16, 1911

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months 8 Days 0 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Linthicum

14. MOTHER'S MAIDEN NAME: Ollie Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 577-03-3955

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bilateral hydrothorax and collapsed right lung

ANTECEDENT CAUSE (B) DUE TO Metastatic carcinoma to pleura and peritoneum

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Carcinoma of ovary

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. --

19A. DATE OF OPERATION: --

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 11, 1955 to Mar. 16, 1955, that I last saw the deceased alive on Mar. 16 ..., 1955., and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE M. D. G. Leonard Eld ADDRESS The Clinical Center Natl. Inst. of Health DATE SIGNED March 16 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/19/1955 | NAME OF CEMETERY OR CREMATORY Hyattstown Meth. Church | LOCATION (City, town, or county) (State) Montgomery Maryland

DATE REC'D BY LOCAL REGISTRAR 3/16/55 | REGISTRAR'S SIGNATURE Bessie M. Hoopengarner | 24. FUNERAL DIRECTOR Robert A. Humphreys | ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2795 **CERTIFICATE OF DEATH** Reg. Dist. No. 223 (12878)

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, 12 md
LENGTH OF STAY (in this place) 136 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 414 Brewster Ave

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) June (Last) Robertson

4. DATE OF DEATH. (Month) 3. (Day) 9. (Year) 1955

5. SEX. female

6. COLOR OR RACE: White

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 6-9-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton J. Stipe

14. MOTHER'S MAIDEN NAME: Hattie Schneider, Philipina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Wash. San. & Hosp. Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cancer L. Breast & Bronchogenic edema — INTERVAL BETWEEN ONSET AND DEATH: 13 yrs ago

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Metastasis developed in axilla & chest — 2-3

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Overweight

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ 4 yrs, ~~19 55~~ to 3/9/, 1955, that I last saw the deceased alive on 3/9/, 1955, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE H. Wolfson M.D. ADDRESS 5 Tenleytown & NW DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/12/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 12 1955 — REGISTRAR'S SIGNATURE J. Milton Dodd — 24. FUNERAL DIRECTOR Warner & Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02879

Items 19&21 Film C180 4-22-55 ams

2895

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4515 Delmont Lane ✓

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Joyce (Last) RUSSELL

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-20-82

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Joyce

14. MOTHER'S MAIDEN NAME: Harriet Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS 4515 Delmont Lane G.W. RUSSELL Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.0

IMMEDIATE CAUSE (A) Pulmonary emboli, right middle and right lower lobes.

ANTECEDENT CAUSE (B) DUE TO Post operative state, reduction fracture, Rt. femur.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 14 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-15-55

19B. MAJOR FINDINGS OF OPERATION: Fracture simple comminuted, Rt. Greater Trochanter

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

21C. WHERE DID INJURY OCCUR? (City or town) Bethesda (County) Montg. (State) Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: March 13 55 9:30 AM

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? The patient fell at home in her bedroom.

22. I hereby certify that I attended the deceased from 13 Mar, 19 55, to 29 Mar., 19 55, that I last saw the deceased alive on 29 March, 1955., and that death occurred at 8:30A M, from the causes and on the date stated above.

SIGNATURE R. C. Doolittle ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

R. C. DOOLITTLE CDR MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit

DATE THEREOF: 4-1-55

NAME OF CEMETERY OR CREMATORY: Union Cemetery

LOCATION (City, town, or county) (State): Leesburg, Va.

DATE REC'D BY LOCAL REGISTRAR: 3-30-55

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: Gawler's Funeral Home ADDRESS: 1756 Penn Ave., N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02880

2896 **CERTIFICATE OF DEATH** Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mill 03K-2
STREET ADDRESS (If rural give location) Rt. 2, Lyons Mills Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Calvin (Last) Salter
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1918
9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Salter
14. MOTHER'S MAIDEN NAME: Elizabeth Seaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 Yes ✓ (If Yes, give war or dates of service) W.W.#2
16. SOCIAL SECURITY NO. Not available
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.3
IMMEDIATE CAUSE (A) Clostridial septicemia - gas gangrene, liver, heart, peritoneum
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute leukemia
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. --

19A. DATE OF OPERATION: --
19B. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 14, 1955, to Mar. 23, 1955, that I last saw the deceased alive on Mar. 23, 1955, and that death occurred at 12:46a M, from the causes and on the date stated above.
SIGNATURE Richard T. Silver M.D. ADDRESS The Clinical Center M. D. Natl. Inst. of Health DATE SIGNED March 23, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-26-55
NAME OF CEMETERY OR CREMATORY Fruis Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 3/23/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS FRANK H. NEWELL Pikesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12881

2796 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 1
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San'r Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington NW
STREET ADDRESS (If rural give location) Allstates Hotel 514 19th. st.

3. NAME OF DECEASED: (First) Mattie (Middle) L (Last) Scales
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1955

5. SEX Fe | 6. COLOR OR RACE: Cauc. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 2-1-1866 | 9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer Now Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Civil Service | 11. BIRTHPLACE (State or foreign country): Miss. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Long
14. MOTHER'S MAIDEN NAME: Victoria Dismukes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Hosp. Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Acute myocardial infarction	24 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive cardiovascular disease	many yrs
	DUE TO (C) Generalized arteriosclerosis	many years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: / | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1955, to March 12, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 12 20 PM, from the causes and on the date stated above.
SIGNATURE Bennet R. Porter Jr., M.D. M.D. ADDRESS 9301 Colesville Rd. Silver Spring DATE SIGNED 12 March 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit-burial | DATE THEREOF March 15, 1955 | NAME OF CEMETERY OR CREMATORY Willow Wild Cemetery | LOCATION (City, town, or county) (State) Bonham, Texas

DATE RECD BY LOCAL REGISTRAR March 17 1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02882

2897

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47 x 3
STREET ADDRESS (If rural give location) 6661 13th St N. W.,

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) Lichter (Last) Schuman

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 21, 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY: Retail Store

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Abraham Orenstein

14. MOTHER'S MAIDEN NAME: Sarah Mehlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-24-3254

17. INFORMANT & ADDRESS: The medical record The clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

27 6X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage
ANTECEDENT CAUSE (B): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Thrombocytopenic Purpura DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pituitary Adenoma (Acromegaly)

19A. DATE OF OPERATION: 3/28/55

19B. MAJOR FINDINGS OF OPERATION: Cerebral Hemorrhage and Encephalomalacia

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 22, 1955, to Mar 29, 1955, that I last saw the deceased alive on Mar 29, 1955, and that death occurred at 5 05 P M, from the causes and on the date stated above.

SIGNATURE J. Pittman. M. D ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/30/55 NAME OF CEMETERY OR CREMATORY Nat Mem Pk Cemetery LOCATION (City, town, or county) Falls Church, Va. (State)

DATE REC'D BY LOCAL REGISTRAR 3/31/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4242 9th St. N.W. Wash. DC

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02883

2898

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home Silver Springs, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7717 Garland Ave

3. NAME OF DECEASED: (First) Elizabeth (Middle) (Last) Showacre

4. DATE OF DEATH: (Month) MAR (Day) 30 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: March 27, 1872 | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Gross

14. MOTHER'S MAIDEN NAME: Martha Helwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS SON Harry R. Showacre, 7717 Garland Ave. Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Congestive Failure & Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — long standing

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25, 1954, to Mar 30, 1955, that I last saw the deceased alive on Mar 29, 1955, and that death occurred at 1:20A M, from the causes and on the date stated above.

SIGNATURE Ernest A. Sarao M.D. ADDRESS 7606 New Hampshire Ave DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 1/55 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore 29, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3-31-55 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Harry F. Weitzfeld ADDRESS 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12884

2899 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2 mo 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3602 East West Highway

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) Bianga (Last) SITZ

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 1-31-92 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Christian MEUSCH
14. MOTHER'S MAIDEN NAME: Sopia HINTERWALTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband Walter H. SITZ same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1714 IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Intestinal obstruction — 6 mos

(C) Metastatic carcinoma from primary in uterus — 7 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Jan, 19 55 to 24 Mar., 19 55 that I last saw the deceased alive on 24 Mar, 19 55 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE J. W. Peabody Jr MD ADDRESS DATE SIGNED

J. W. PEABODY LT MC USN U. S. Naval Hospital NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit | DATE THEREOF 3-29-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 25 March 1955 | REGISTRAR'S SIGNATURE Mary C. Connelly

24. FUNERAL DIRECTOR ADDRESS Hines Funeral Home 2901 14th Street, N.W. Washington, D.C.

20-0

02885

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 57

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #1, Kemp Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural, give location) Rt. #1, Kemp Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Edward (Last) Smallman Jr

4. DATE OF DEATH (Month) Mar (Day) 3 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White		12/27/54	yrs.	2	8		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Bethesda, Maryland	U.S.A.

13. FATHER'S NAME: Francis Edward Smallman, Sr.

14. MOTHER'S MAIDEN NAME: Elizabeth Tibbals

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Y		Mr. Francis E. Smallman, Sr. Rt. #1 Kemp Mill Road, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia DUE TO	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) to Pneumonia DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Thomas J. Bryce Hart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-6-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/55	Oxford Cemetery	Oxford, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-6-55	[illegible]	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

20V4376416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

! 2991 **MARYLAND STATE DEPARTMENT OF HEALTH** 02886

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wanty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Salisbury
LENGTH OF STAY (in this place) 1 1/2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wanty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) X Md

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Taylor (Last) Smallwood
4. DATE OF DEATH: (Month) Mar (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug 18 1869
9. AGE last birthday: 85 yrs. If under 1 year: Months 7 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Jackson Co. Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W Smallwood
14. MOTHER'S MAIDEN NAME: Mary E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Asbury Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Chronic Myocarditis — 6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis, Generalized — Years.
(c) Adenoma Prostate — 1½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 53, to Mar. 27, 55, that I last saw the deceased alive on Mar. 27, 55, and that death occurred at 705 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack Schumacher M.D. Salisbury, Md. Mar. 27, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-30-55
NAME OF CEMETERY OR CREMATORY: Edgehill
LOCATION (City, town, or county) (State): Charlestown W. Va.

DATE REC'D BY LOCAL REG.: Mar 27, 1955
REGISTRAR'S SIGNATURE: Arnold L. Cooke
24. FUNERAL DIRECTOR ADDRESS: Milton Strider, Charlestown W. Va.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02887

2797

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Takoma Park | LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San.m Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 301 Delafield Pl. NW

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Elizabeth (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: 4-11-83 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months 11 Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): District of Columbia | 12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Charles Cost | 14. MOTHER'S MAIDEN NAME: Caroline Gnesse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Washington San.m Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Occlusion — 6 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerotic Heart Desease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uncontrolled Diabetes — 10 yrs

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23 19 55, to Mar 25 19 55, that I last saw the deceased alive on Mar. 25 19 55, and that death occurred at 8 P M, from the causes and on the date stated above.

SIGNATURE C. R. Anderson M. D. ADDRESS Takoma Park Md DATE SIGNED Mar 26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar 29-1955 | NAME OF CEMETERY OR CREMATORY: Washington Natl Cem | LOCATION (City, town, or county) (State): Prince George Co Md

DATE REC'D BY LOCAL REGISTRAR: Mar 26 1955 | REGISTRAR'S SIGNATURE: Merton Dodd | 24. FUNERAL DIRECTOR: S H Hines Co | ADDRESS: 2901-14th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02888

2912 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda. LENGTH OF STAY (in this place) 31 hours. HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, X. STREET ADDRESS (If rural give location) 10205 Farnham Drive

3. NAME OF DECEASED: (Type or Print) (First) Vera (Middle) Verge (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Female. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single. 8. DATE OF BIRTH: May 12 1884. 9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 9 Days 21. IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home. 10B. KIND OF BUSINESS OR INDUSTRY: Housework. 11. BIRTHPLACE (State or foreign country): Penn. 12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Charles Smith. 14. MOTHER'S MAIDEN NAME: Sarah O'Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no. (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown. 17. INFORMANT & ADDRESS: Mrs. John S. Toy 2008 3rd St. N.E. Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) PULMONARY INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 16 HOURS

ANTECEDENT CAUSE (S) DUE TO (B) AURICULAR FIBRILLATION WITH THROMBUS AND EMBOLUS TO LUNG — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. UREMIA — UNKNOWN

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2 1955, to March 3, 1955, that I last saw the deceased alive on March 3, 1955, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE Joseph R. Connor M.D. ADDRESS 9600 Old Georgetown Rd Bethesda DATE SIGNED March 3, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit. DATE THEREOF 3-3-55. NAME OF CEMETERY OR CREMATORY Widdow. LOCATION (City, town, or country) Armstrong (State) Penna.

DATE REC'D BY LOCAL REGISTRAR 3/4/55. REGISTRAR'S SIGNATURE Bessie M. Thompson. 24. FUNERAL DIRECTOR Robert A. Lumpkin. ADDRESS Bethesda Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02889

2903

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 528 Kennedy Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Adolph (Middle) (n) (Last) SPERK

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH. 5 July 1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Dept.

10B KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adolph SPERK

14. MOTHER'S MAIDEN NAME: Anna RICCOCHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Wife: Mrs. Marie (n) SPERK 528 Kennedy St., N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
157X IMMEDIATE CAUSE	(A) Gastro intestinal hemorrhage	2 weeks
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinoma of head of Pancreas	6 months
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of head of Pancreas

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 March 1955, to 14 March 1955, that I last saw the deceased alive on 14 March, 1955, and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE I.M. Taylor, LT MC USN ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Md. DATE SIGNED 3-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit | DATE THEREOF 17 Mar 1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 3-14-55 | REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Georgia Ave., NW, Washington, D.C.

Item 18 Film G180 4-22-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 028911

CERTIFICATE OF DEATH

Reg. Dist. No. 216

2924

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
STREET ADDRESS (If rural give location) 1630 Armory Ave

3. NAME OF DECEASED: (First) George (Middle) H. (Last) Steadman
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Justice of Peace
10B. KIND OF BUSINESS OR INDUSTRY: Mont. Co.
11. BIRTHPLACE (State or foreign country): Blackville, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-18-1153
17. INFORMANT & ADDRESS: Item# 2 Mildred H. Steadman, Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 X
IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE (B) DUE TO Peripheral Alveolar Cell Carcinoma of lung — 8 Mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO [illegible]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — 5 Years

19A. DATE OF OPERATION: 11-15-54
19B. MAJOR FINDINGS OF OPERATION: CARCINOMATOSIS / Infiltration RIGHT LUNG AND PLEURA.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1954, to Mar 25, 1955, that I last saw the deceased alive on Mar. 24, 1955, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

SIGNATURE M. D. [signature] ADDRESS Bethesda Md DATE SIGNED 3/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-28-55
NAME OF CEMETERY OR CREMATORY Methodist Church Cem.
LOCATION (City, town, or county) (State) Damascus, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/27/55
REGISTRAR'S SIGNATURE Bessie M. Thom
24. FUNERAL DIRECTOR [signature]
ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02891

2915

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
STREET ADDRESS (If rural give location): 42 Kirby Street ✓

3. NAME OF DECEASED: (First) Edward (Middle) Aloysius (Last) SULLIVAN
4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-19-91
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10B. KIND OF BUSINESS OR INDUSTRY: Goverment
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Michael SULLIVAN
14. MOTHER'S MAIDEN NAME: Hannah BREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Obtained from hospital records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
570.5 IMMEDIATE CAUSE	(A) Peritonitis	1 day
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Perforation, ascending colon	1 day
	DUE TO (C) Obstruction ascending colon	4 days.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Suppurative hidradenitis, axillae and Perineum		20 years.

19A. DATE OF OPERATION: 3-21-55
19B. MAJOR FINDINGS OF OPERATION: Peritonitis and perforation of ascending Colon
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Mar, 1955, to 22 Mar, 1955, that I last saw the deceased alive on 22 Mar, 1955, and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE: [signature] ADDRESS: D. J. WILLIAMS CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 25 Mar 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 23 Mar 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: Lee Funeral Home 4th & Mass Ave., N.E. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02892

2906 **CERTIFICATE OF DEATH** Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,146 Sutherland Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56

STREET ADDRESS (If rural give location) 10,146 Sutherland Road 1

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bernice		Swan	March 31, 1955

5. SEX:	6. COLOR OR RACE.	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH.	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 1, 1873	81 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S. Veterans Bureau	Howard County, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Connell	Catherine Hood Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no		none	Mrs. Robert Calhoun 10,146 Sutherland Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 Dy

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — 10-12 yrs

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1955, to 3/31, 1955, that I last saw the deceased alive on 30 March, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE William D. Card M.D. ADDRESS Silver Spring Md DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/55	Rock Creek Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31-55	Frances Potter	Warner E. Lumpkins	8434 Ga. Ave. Silver Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02893

2937 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 5 3/4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md. X
STREET ADDRESS (If rural give location) 4704 Sandrum Lane

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) — (Last) TAYlor

4. DATE OF DEATH: (Month) (Day) (Year) 3-26-1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1-18-73

9. AGE last birthday 82 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Stark Co. Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Walter

14. MOTHER'S MAIDEN NAME: Sophia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT & ADDRESS: Mrs. Maude Ellen Stout - daughter 4704 Sandrum Lane Chevy Chase, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — 30 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1950 to 26 Mar 1955, that I last saw the deceased alive on 26 Mar, 1955, and that death occurred at 1A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Bethesda, Md. DATE SIGNED 27 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Transit

DATE THEREOF 3-26-55

NAME OF CEMETERY OR CREMATORY: Zion

LOCATION (City, town, or county) (State): N. Canton, Ohio

DATE REC'D BY LOCAL REGISTRAR 3/27/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

FUNERAL DIRECTOR Robert L. Pumphrey

ADDRESS Bethesda, Md.

2928

02894

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 412-3
STREET ADDRESS (If rural, give location) 1008 4th St. NE

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wilfred Tolliver	Mar 10 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	Col	married	March 25 1896	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	EXCAVATION	VIRGINIA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Tolliver	Amelia Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W.W. I		Mrs. Henrietta Tolliver - Washington, D.C. 1008-4th St. NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Shock & Hemorrhage	20 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushing injuries of chest & upper abdomen	
DUE TO		
	(c) Run over by dump truck	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town)	(County)	(State)
		Rockville	Mont'y	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-10-55 11:15 A M.	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
		Truck backed over him

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-13-55	Tolliver Estate	Chilesburg, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/12/55	Bernice Montgomery	Carmen Memorial Funeral Stores	2918 Nichols Ave. S.E.

2891

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02895 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 New Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural, give location) 7 New Street 1

3. NAME OF DECEASED: (Type or Print) (First) ALETHIA (Middle) ELLEN (Last) TRAIL

4. DATE OF DEATH (Month) March (Day) 22, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb. 5, 1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Poolesville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Thomas Poole

14. MOTHER'S MAIDEN NAME: Mary Cooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 4829 Flanders Avenue
Wm. P. Trail, Jr. - Garrett Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 DUE TO Coronary occlusion — Interval Between Onset and Death: Found dead in chair of her home

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Frank J. Brosnahan M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/24/1955
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REG. 3/24/55
REGISTRAR'S SIGNATURE Lowell H. Hoagland
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md

02896

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2979 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 69 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 21.03-C
STREET ADDRESS (If rural give location) Brighton Place, Highland Way

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) Kenneth (Last) Trumpower

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry cleaner

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Trumpower

14. MOTHER'S MAIDEN NAME: Jennie Kensel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 214-09-8286

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Carcinoma of stomach with extension to esophagus and metastases in lungs, liver, adrenal, abdominal lymph nodes and

DUE TO mediastinal lymph nodes

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. --

19A. DATE OF OPERATION: -- 2

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Jan. 3, 1955, to Mar. 13, 1955, that I last saw the deceased alive on Mar. 13, 1955, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS The Clinical Center M. D. Natl. Institutes of Health DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/17/55 NAME OF CEMETERY OR CREMATORY Dist Haven Cem. LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 17 1955 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. T. Normen ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02897

CERTIFICATE OF DEATH

Reg. Dist. No. 216

2910

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1205-15th St., N.W.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Raymond Maurice Underwood

4. DATE OF DEATH (Month) (Day) (Year) March 9 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, (WIDOWED), DIVORCED. (Specify):

8. DATE OF BIRTH: Oct. 1, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Manager

10B. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George E. Underwood

14. MOTHER'S MAIDEN NAME: Herrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Son - Kenneth R. Underwood

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Bronchopneumonia, rt lung — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (B) Cerebral Thrombosis — 4 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis, generalised — 10 yrs. +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid Arthritis

19A. DATE OF OPERATION: —0

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..... , 1953, to March 9., 1955, that I last saw the deceased alive on March 9., 1955, and that death occurred at 9:30 A.M, from the causes and on the date stated above.

SIGNATURE Howard Bleyl M. D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 3.9.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-12-55

NAME OF CEMETERY OR CREMATORY --

LOCATION (City, town, or county) (State) East Derry, New Hampshire

DATE REC'D BY LOCAL REGISTRAR 3/9/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Sherry Davis Funeral Home D.C.

ADDRESS 5103 Wis. Ave. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02898

2911 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1514 26th Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Galen (Middle) Constance (Last) VAN VOORHIS

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 1-25-49
9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hubert Thomas BENNETT
14. MOTHER'S MAIDEN NAME: Kathryn JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO 4 (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. -
17. INFORMANT & ADDRESS: Mother: Mrs. Kathryn VAN VOORHIS, 1514 26th St., N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Hemorrhage, Massive, Generalized	2 wks.
ANTECEDENT CAUSE (B)	AND (B) Broncho-Pneumonia, Bilateral	36 hrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (C) Anemia, Aplastic, Malignant Paneytopenic.	6 Mo's

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 March, 1955, to 26 March, 19 55 that I last saw the deceased alive on 26 March, 1955, and that death occurred at 9:10 A M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews, M. D. ADDRESS W. S. MATTHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Md. DATE SIGNED 3-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 28 March 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George Co., Maryland

DATE REC'D BY LOCAL REGISTRAR 3-26-55
REGISTRAR'S SIGNATURE Thomas E. Terrell
24. FUNERAL DIRECTOR AND ADDRESS R.A. PUMPHREY FUNERAL HOME, 7557 Wisconsin Avenue, Bethesda, Maryland

02899

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2912

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
MARYLAND
LENGTH OF STAY (in this place) 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D. C.
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 5415 Conn. Ave., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Antoinette (Middle) Mathilda (Last) Vestby

4. DATE OF DEATH: (Month) Mar (Day) 12 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 4 September 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Translator

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anton Olson

14. MOTHER'S MAIDEN NAME: Mathilda Tang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not Available

17. INFORMANT & ADDRESS: The medical record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
194X IMMEDIATE CAUSE	(A) Adenocarcinoma of the thyroid gland	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Metastatic tumor in bone, liver, lymph nodes, etc.	
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1953

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1955, to Mar 12, 19 55, that I last saw the deceased alive on Mar 12, 19 55, and that death occurred at 4:45A M, from the causes and on the date stated above.

SIGNATURE James A. Pittman Jr. for National Cancer Inst. M. D. ADDRESS DATE SIGNED Mar 12, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 3/14/55 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem | LOCATION (City, town, or county) (State) Mt Rainier, Md

DATE REC'D BY LOCAL REGISTRAR 3/15/55 | REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR J.H. Hines Co | ADDRESS 1911-14th St N.W. 12.D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 029000

2913

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frackville
STREET ADDRESS (If rural give location) 122 West Chestnut Street

3. NAME OF DECEASED: (Type or Print) (First) Gloria (Middle) Gladys (Last) WAGNER

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH. 2-3-25

9. AGE last birthday 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John WILLIAMS

14. MOTHER'S MAIDEN NAME: Bertha MOTZKUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mr. Henry E. WAGNER Jr (Husband) Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Postoperative status, valvulotomy — 30 hours

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Pulmonary stenosis, congenital — 30 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-27-55

19B. MAJOR FINDINGS OF OPERATION Pulmonary stenosis

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Mar, 1955, to 24 Mar, 1955 that I last saw the deceased alive on 24 Mar, 1955, and that death occurred at 10:10 M., from the causes and on the date stated above.

SIGNATURE J. W. Peabody M.D. ADDRESS J. W. PEABODY LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 28 Mar 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 25 March 1955

REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR H. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02901

2914 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

1 PLACE OF DEATH.
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 SILVER SPRING
LENGTH OF STAY (in this place) 7½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 BENNINGTON LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 615 BENNINGTON LANE

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) THEODORE GEORGE WAND

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 16 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 7, 1901

9. AGE last birthday: 53 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT U.S GOV'T. retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): QUINCY, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THEODORE GEORGE WAND

14. MOTHER'S MAIDEN NAME: Matilda Damhurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: DONALD KAY WAND, E.RIVERDALE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Acute Myocardial Infarction 1 hr
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Acute Coronary Occlusion 1 hr
(C) DUE TO Coronary Atherosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1953 to March 16, 1955, that I last saw the deceased alive on 3-7, 19 55, and that death occurred at 4 45 P.M. from the causes and on the date stated above.

SIGNATURE Benjamin Manchester M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/19/55 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 3/21/55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02902

Reg. Dist. No. 2-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1402 - Gleason

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 1402 Gleason

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josephine	L	Ward	March	25	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	April 5 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Wash. D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph E. Jones	Mary E. Branzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Josephine L. Simmons as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
170 X Immediate cause	(a) Uremia due to Cancer of Vulva and Genital Tract	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1954, to March 25 1955, that I last saw the deceased alive on March 25, 1955, and that death occurred at 8.20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J Curry	M.D.	11301 Georgia Ave. S.S.	March 25 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 28-55	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/55	[illegible]	Malloys Funeral Home	3200 R. I. Ave. Mt Rainier Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02903

2916

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Rural- Damascus
LENGTH OF STAY (in this place): years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD 2 Gaithersburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Damascus
STREET ADDRESS (If rural give location): RFD 2 Gaithersburg

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) F. (Last) Warfield

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 28, 1867

9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Mullinix, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. Mullinix

14. MOTHER'S MAIDEN NAME: Emily Purdum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Raymond L. Warfield, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 15 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1947, to March 22, 1955, that I last saw the deceased alive on March 19, 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F. Kerr M.D. — ADDRESS Damascus, Md. — DATE SIGNED 3/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 25, 1955 — NAME OF CEMETERY OR CREMATORY Mt. Lebanon — LOCATION (City, town, or county) (State) Nr. Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR March 24/55 — REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02904

2917

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Brookmont
MARYLAND
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6012 Ridge Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont
STREET ADDRESS (If rural give location) 6012 RIDGE DRIVE, BROOKMONT, MD.

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) MOORE (Last) WATKINS

4. DATE OF DEATH: (Month) MAR. (Day) 30 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Aug. 3, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN A. MOORE

14. MOTHER'S MAIDEN NAME: MALISSA ARRINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. ELMON O. BROWN. 6012-RIDGE, DR. BROOKMONT, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary heart disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to March, 1955, that I last saw the deceased alive on March 29 55, and that death occurred at 12 30 A.M. 3-30-55, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Landon L. Redman M.D. 5120 Mac Arthur Blvd. 3/30/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/1/55 — NAME OF CEMETERY OR CREMATORY Nat. Mem. Park — LOCATION (City, town, or county) (State) Falls Church, Va.

DATE REC'D BY LOCAL REGISTRAR 3/31/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co., 3072-M St. N.W. Wash., D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02905

2918

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 4-7 X
STREET ADDRESS (If rural give location) 922 K Street N.E.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Weber

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: July 30, 1869 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ? Weber
14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Henry M. Weber 3238 28th St. S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Bronchopneumonia	4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	Several years
	DUE TO (C) Coronary Insufficiency	" "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1955 to March 4, 1955, that I last saw the deceased alive on March 4 1955, and that death occurred at 10 A M, from the causes and on the date stated above.
SIGNATURE M.D. Dillon R. Reap ADDRESS Silver Spring Md. DATE SIGNED 3/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-9-55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 3/7/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4612 Bannock Rd

2919

02906

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Westmoreland

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5404 Blackstone Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westmorland X

STREET ADDRESS (If rural, give location) Blackstone Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD C. WENTWORTH	March 8, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 11, 1904	50 yrs.	4	27		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gen. Mgr.	Corogating Co.	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert E.L.Wentworth	Bertha Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Minerva S.Wentworth-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 DUE TO Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Frank J. Brosnahan M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-9-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-11-55	Parklawn	Rockville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/55	Bessie M. Finnegan	Robert L. Gantz	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02907

2920

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Bethesda
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x.2
STREET ADDRESS (If rural give location) 6000-New Hampshire Ave. NE

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) (Last) Whitely

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White		June 28, 1875	79 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Washington DC USA	

13. FATHER'S NAME: James E Wood

14. MOTHER'S MAIDEN NAME: Mary Wood ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
?			Melvin R. Wall - 3100-V-Pl. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Failure	6+ mths.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO arteriosclerotic Heart Disease	2+ yr
	(c) DUE TO Monocytic Leukemia	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fractured Rt. Hip Lt. (no operation)	1+ day

19a. DATE OF OPERATION: 6 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to March 26 1955, that I last saw the deceased alive on March 26 1955, and that death occurred at 6:30 pm, from the causes and on the date stated above.

SIGNATURE W. H. Kitchens (Degree or title) M.D. ADDRESS 5522 Western Ave. Chevy Chase Md. DATE SIGNED Mar. 27 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/30/55	Congressional Cem.	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 3/27/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR The S. H. Kann Co. | ADDRESS 2901 14th St NW Washington, DC

21 Mar. 55.
Coroner notified &
will approve
A. A. Richmond, MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02908

2798 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) silver spring
STREET ADDRESS (If rural give location) 411 silver spring Ave

3. NAME OF DECEASED (Type or Print): (First) Emmett William (Middle) — (Last) Williams Emmett

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-24-1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Williams

14. MOTHER'S MAIDEN NAME: Mary Ellen (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 204.2	(A) Cardiac arrest.	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Severe Anemia.	4 days ?
	DUE TO (C) Acute Monocytic Leukemia	4 days ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1955, to Mar 26, 1955, that I last saw the deceased alive on Mar. 26, 1955, and that death occurred at 7.20 PM, from the causes and on the date stated above.

SIGNATURE Kilford D. Meyers M. D. ADDRESS 8323 Haddon Drive, Takoma Park Md. DATE SIGNED 3-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/30/55 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem | LOCATION (City, town, or county) (State) Prince Georges Co Md

DATE REC'D BY LOCAL REGISTRAR Mar 26-1955 | REGISTRAR'S SIGNATURE J. Arthur Dodd | 24. FUNERAL DIRECTOR The S. H. Hines Co | ADDRESS Wash. DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02909

2921 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) Lee (First) Edward (Middle) (Last) Williams

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday 76 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer - Farm

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Prather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 314-18-8564

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X
IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Prostatic hypertrophy
DUE TO (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES NO X

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☑

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/25/55, to 3/1/55, that I last saw the deceased alive on 2/24/55, and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M.D. Sandy Spring Md DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/2/55

NAME OF CEMETERY OR CREMATORY Mt Zion

LOCATION (City, town, or county) (State) Sellman, Md

DATE REC'D BY LOCAL REGISTRAR 3/2/55

REGISTRAR'S SIGNATURE Earlinde B Fowler

24. FUNERAL DIRECTOR William B. Hilton ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02910

2922 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 79 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilson 70X-3
STREET ADDRESS (If rural give location) 101 Warren Street

3. NAME OF DECEASED: (First) Bertha (Middle) Sybella (Last) Wilson
4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	2/6/73	82 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	Hospital	Maryland	U.S.A.

13. FATHER'S NAME: John Emory Wilson
14. MOTHER'S MAIDEN NAME: Hannah Dutton Broomall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
/			Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Uremia	10 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Acute gangrenous diverticulitis and general peritonitis	79 days
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/28/55 2/22/55	Gangrenous perforated diverticulitis and generalized peritonitis	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, etc.) OF INJURY street, office bldg.,	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19/54 , to 3/8/55, 19 , that I last saw the deceased alive on 3/8/55 , 19 , and that death occurred at 12 noon M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Sandy Spring, Md. DATE SIGNED 3/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/55	Elkton Cemetery	Cecil County, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-11-55	Gertrude B Fowler	Warner C. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02911

2923

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 6hrs 40min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 474-3
STREET ADDRESS (If rural give location) 3636-16th ST. ✓

3. NAME OF DECEASED: (First) Katharyn (Middle) Melloy (Last) Wilson
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5-10-77
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John M. Melloy
14. MOTHER'S MAIDEN NAME: Susan ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Everett B. Wilson, Jr. 4605 Honeywell Lane, Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Congestive Cardiac failure — 8hrs.?

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Arteriosclerotic Heart disease — years.
DUE TO (C) Aortic Stenosis. arteriosclerotic — years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Infarcts. Bilateral — years.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Feb., 1955, to 24 March 1955, that I last saw the deceased alive on 24 March, 1955, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE John S. Ball ADDRESS M.D. 7936 Eastern Ave Bethesda Md DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 3/28/55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington, Va (State)

DATE REC'D BY LOCAL REGISTRAR 3/27/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The L.H. Hines Co. — ADDRESS 2201 14th St. N.W. Washington D.C.

2924

02912

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) D.O.A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 3531 Raymond Rd.

STREET ADDRESS (If rural, give location) Kensington

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Charles Graves Wrinkle	3 - 19 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	5-23-98	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Hardware Business	Tenn.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos L. Wrinkle	Paralee Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes	WW 1		Margaritha A. Wrinkle-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-23-55	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/21/55	Bessie M. Thompson	Robert A. Dumphrey	Bethesda, Md.